DOCUMENT RESUME

ED 329 361 PS 019 476

TITLE	New Beginnings: A Feasibility Study of Integrated Services for Children and Families. Final Report and Appendices.
INSTITUTION	San Diego City Schools, Calif.
PUB DATE	Jul 90
NOTE	166p.; Partially funded by the Stuart Foundations.
AVAILABLE FROM	Office of the Deputy Superintendent, San Diego City Schools, Education Center, Room 2248, 4100 Normal Street, San Diego, CA 92103-2682 (Final Report, $6.00; Appendices, $2.00).
PUB TYPE	Reports - Research/Technical (143)
EDRS PRICE	MF01/PC07 Plus Postage.
DESCRIPTORS	*Agency Cooperation; Cost Effectiveness; *Early Intervention; Elementary Education; Eligibility; Feasibility Studies; Program Effectiveness; Public Schools; *School Community Relationship; *Social Agencies; *Social Services
IDENTIFIERS	California (San Diego); *Child and Family Protective Services; *Integrated Services

ABSTRACT

This study on early intervention gathered information about the needs of families in San Diego, California, and the impact of services provided by local agencies and schools. Units involved in the study were the city and county of San Diego, the San Diego Community College District, and San Diego City Schools. The study was conducted at Hamilton Elementary School, which is located in San Diego's densely populated, multiethnic City Heights area, and is straining to help families with many severe needs. The study addressed these questions: (1) How many families receive services from the county, city, or from community-based agencies funded by the county or city? (2) What services do they receive? (3) Are they eligible for services that they do not receive? (4) Is there a relationship between a family's use of social and health services and the academic and social success of their children? (5) What barriers do families encounter when they try to get help from the system? (6) What barriers exist in the system as seen by agency staff? (7) Can the service delivery system be made more responsive to the needs of families in neighborhoods like Hamilton's in a way that is integrated and cost-effective? This report provides a summary of findings from the study, draws conclusions from those findings, and suggests a system of integrated services for children and families. Appendices provide a paper on related research, a summary of project budget and in-kind contributions, forms and materials used in the study, guidelines on collaboration, and an overview of parallel reforms. (RH)

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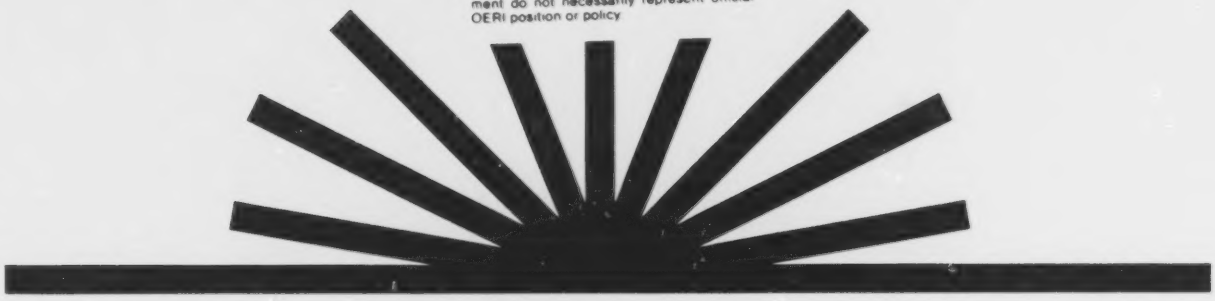

NEW BEGINNINGS

A Feasibility Study of Integrated Services for Children and Families

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FINAL REPORT
July 1990
San Diego, California

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NEW BEGINNINGS

A Feasibility Study of Integrated Services
for Children and Families

An interagency collaboration involving:

City of San Diego
County of San Diego
San Diego City Schools
San Diego Community College District

FINAL REPORT

July 1990

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NEW BEGINNINGS: A FEASIBILITY STUDY OF
INTEGRATED SERVICES FOR CHILDREN AND FAMILIES

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NEW BEGINNINGS: A FEASIBILITY STUDY OF INTEGRATED SERVICES FOR CHILDREN AND FAMILIES

EXECUTIVE SUMMARY

Rationale

Thousands of children and their families face circumstances which threaten their well-being and promise only a bleak future. These families often find themselves confined to poor neighborhoods where a deteriorating physical environment contributes to the image of helplessness and despair. Many of these families rely on public assistance and other services provided by local city and county agencies.

In San Diego, government agency leadership recognized that it was serving the same children and families and that they should be allies in creating a common vision of the future for family success. Several interagency collaborations had already been developed on a small scale, and the time was ripe to build upon those early successes. New Beginnings was formed in June 1988, as a means for top leadership to engage in a new dialogue about jointly serving children and their families.

New Beginnings is a unique interagency collaborative involving the City and County of San Diego, San Diego Community College District and San Diego City Schools. The collaborative emerged from a realization that the four participating agencies serve children, youth, families and:

- share common clients
- need to understand the services and resources of the other agencies
- need to identify service gaps and possible duplication of services
- serve within a limited fiscal environment

The initial discussions led to a call for an action research project to test the feasibility of a one-stop coordinated services center or other integrated services approach. Connected to a school site, such a services center could cut through bureaucratic barriers and provide easily accessible support for families. The study was conceived as a "top down and bottom up" look at existing systems. Stuart Foundations agreed to partially fund the feasibility study in July 1989, and the project began with donated staff and services from each agency. New Beginnings leadership chose to focus on early intervention and conducted the study at Hamilton Elementary School, located in San Diego's densely populated, multiethnic City Heights area. The selection of Hamilton provided New Beginnings with an opportunity to work under conditions that are becoming all too familiar -- a school straining at maximum capacity to assist families with multiple, severe needs.

Purpose

The New Beginnings feasibility study was designed to gather information about the needs of families and the impact of services provided by local agencies and the school. More specifically, the study asked:

- How many families receive services from the county, city, or from community-based agencies funded by the county or city?
- What services do they receive?
- Are they eligible for services that they are not currently receiving?
- Is there a relationship between a family's use of social and health services and the academic and social success of their children?
- What barriers do the families encounter when they try to get help from the present system?
- What barriers exist within the system, as seen by agency staff?
- Can the service delivery system be made more responsive to the needs of families in neighborhoods like Hamilton's in a way that is integrated and cost-effective?

As originally designed, the feasibility study included three separate projects: interviews of families and students, interviews of front-line service providers from participating agencies, and a data-sharing effort to investigate the number of families in common. Agency executives felt limited by the research focus and requested a more action-oriented approach. As a result two additional projects were conducted in order to learn more about the current system: placing a social worker at Hamilton to work with families, and creating a system of agency liaisons to help outside agencies be more accessible to Hamilton staff. A study of Hamilton family migration patterns was added to gather information about the highly mobile population. Despite the multifaceted nature of the study, all project components were completed within a short timeline.

Component	Timeline for Completion
Focus Groups of Agency Workers	January to April 1990
Agency Liaison Network	November 1989 to April 1990
Case Management Study	January to March 1990
Family Interviews	February to March 1990
Data Match	March 1990
Migration Study	March 1990

The following information provides a summary of findings from the study, reaches conclusions from those findings, and suggests a system of integrated services for children and families.

I. NEED FOR REFORM

FINDINGS: *Families are unaware of services, or of their eligibility for services. They can only use what they know.*

Families need help in order to get help. The system is difficult to traverse without support and information.

CONCLUSIONS: There is a need for basic, fundamental reform in the way schools and government agencies deliver services to families.

IMPLICATIONS: **This reform will require new ways of thinking about the needs of families, the roles of agency workers, eligibility determination, the focus and process of service delivery, and allocation of funds.**

It will require consistent, strong support at the highest administrative levels.

II. ROLE OF THE SCHOOL IN COLLABORATION

FINDINGS: *Families see the school as a place to get help.*

Being identified with the school helped the Family Services Advocate and the County Public Health Nurses to gain initial access to families.

Schools quickly become overwhelmed by the multiple needs of families.

CONCLUSIONS: The school setting is a primary, sustained contact point for working with families. However, a school-governed integrated services program is not advisable.

Governance by any one agency might inhibit maximum cooperation; the new system could be viewed as just another project.

IMPLICATIONS: **The center of services will be shared: all are in the hub.**

All participating agencies need to form a network to keep families from falling through the cracks.

III. NEED FOR A COMMON PHILOSOPHY

FINDINGS: *Families must go to several agencies to solve multiple problems, or to receive help with multiple pieces of one problem.*

For example, one family may need food stamps, special education testing, amnesty classes, and police protection. Each is obtained from a separate agency governed by different institutions. Families are often unaware of the distinctions among agencies.

III. NEED FOR A COMMON PHILOSOPHY (cont'd)

Differences in philosophy make cooperation difficult. Schools are required to report suspected child abuse, but Child Protective Services cannot share information about the children's placement with them. School staff often lose contact with the children if they are removed from their parents' home. For that reason, school officials estimate that 40 percent of school personnel under-report suspected child abuse.

CONCLUSIONS: What appears to be one single system to families is really a fragmented set of services.

IMPLICATIONS: In order for a cohesive system to exist, participating agencies must have a shared, integrated philosophy which stresses prevention and early intervention, agency collaboration and a focus on working with families rather than on individuals.

A case management approach would provide coordinated access to services.

IV. PRIORITY OF CASELOADS

FINDINGS: Over 60 percent of all Hamilton families are involved with County Department of Social Services, and Probation, or City Housing Commission. About 10 percent of all families are known to four or more programs in these agencies.

Crisis management for a few families in chronic need takes away from other families with very important needs.

CONCLUSIONS: The worst cases are the target of most spending.

IMPLICATIONS: The cornerstone of a shared philosophy must be a priority for prevention and early intervention services.

V. NEW ROLES FOR AGENCY WORKERS

FINDINGS: Workers are frustrated with the narrowness and inflexibility of their roles.

Workers feel dehumanized in their job roles, similar to the families involved.

Workers see generations of recurring problems in families and feel helpless to "break the chain".

V. NEW ROLES FOR AGENCY WORKERS (cont'd)

CONCLUSIONS: Agency workers need and want feedback and a sense of accomplishment about their work.

Worker roles and responsibilities need redefinition.

Expanding staff roles and job descriptions can release the energy and creativity of front line workers who are presently stifled by their systems.

IMPLICATIONS: Workers should become family advocates, working more intensely with fewer numbers of families. They need more authority and flexibility in determining when cases are opened, what services are rendered, and when cases should be closed.

To increase their knowledge base, workers should be encouraged and rewarded for cross-training and placement in agencies other than their home agency.

VI. CHANGES IN POLICIES AND PROCEDURES

FINDINGS: Families must carry their life stories around to several places. Each agency only wants one part of the story.

Workers who must handle case files manually are unable to be efficient. "Paperwork inhibits social work."

CONCLUSIONS: Eligibility procedures which are complex and agency-specific create barriers for families.

Present funding mechanisms require agency specialization so that problems are being addressed instead of people.

Lack of data sharing among agencies, workers, and families prevents optimal service.

IMPLICATIONS: A common eligibility process should be developed, with one central point of contact for families.

Funding needs to be flexible enough to allow for appropriate services, whether specialized or general.

Waivers, policy changes, and staffing changes may be necessary to provide funding flexibility.

Legal means must be developed to allow workers to share pertinent information about families with other agency staff.

VI. CHANGES IN POLICIES AND PROCEDURES (cont'd)

Technology upgrades are needed to enhance communication among agencies.

VII. RESPECT FOR DIFFERING PERCEPTIONS OF NEEDS

FINDINGS: *Families see themselves in better overall condition than agency personnel see them, but they are plagued by short-term problems.*

Service providers see families as having many long-term needs.

CONCLUSIONS: Discrepancies exist between family and line worker perceptions of existing needs and barriers.

IMPLICATIONS: The emerging system must address both groups of needs. One cannot be addressed to the exclusion of the other.

VIII. INCREASED INPUT FROM FAMILIES

FINDINGS: *The most common need expressed by families was for personal care for their children.*

Families want to be listened to and feel valued in their interactions with agencies.

CONCLUSIONS: The present system treats families with less respect than they desire and need.

IMPLICATIONS: The new system should provide a network of services with a minimum number of staff working with each family.

The system should have continuity and stability, allow for multiple entry and exit points, and accommodate human and cultural differences.

IX. DETERRENTS TO MOBILITY

FINDINGS: *Families must start over again to secure services when they leave the area, even though the move may have been a positive one.*

In 1987-88, only 40 percent of the children attended Hamilton from day 5 through day 175 (almost the full year). Twenty-three percent attended Hamilton and one other school during the year.

CONCLUSIONS: Family mobility is a serious barrier to receiving services.

IMPLICATIONS: Institutions and agencies can compensate for family mobility by developing flexible service area boundaries.

Continuity of services must be given a high priority by service providers.

New Beginnings Approach to Integrated Services

The New Beginnings approach to Integrated Services for Children and Families is based on an analysis of funds spent by each participating agency on services to families in the Hamilton area. It represents a fundamental restructuring and reallocation of public funds to an interagency system. It empowers agencies' staff through increased problem solving and deeper involvement with children and families.

The New Beginnings approach will provide services to families with children who live in the Hamilton attendance area, including those whose children attend Hamilton or other public schools and those with children ages 0-5, who may be referred from participating agencies. The New Beginnings approach has three levels:

Level One. THE SCHOOL is a primary source of referrals and an integral part of the system. Classroom teachers refer children who are experiencing academic, behavioral, attendance, or health problems. Ongoing communication between the teacher and Center staff forms a vital feedback "loop" to assess whether services are having a beneficial effect on the child. Teachers receive intensive training on problem identification and supportive techniques in the classroom, as well as awareness of the roles and services of other agency staff. The school is closely allied to the Center and shares staff with it on a part-time basis for an expanded student registration and assessment process.

Level Two. THE CENTER is a separate building on the Hamilton site or adjacent to it. It provides two levels of services for families: an expanded student registration/family assessment process for all families, and service planning, ongoing case management and some health services for families who need prevention or early intervention services.

At the Center, families will also be able to receive direct services: initial eligibility screening, school registration and assessment of students for special program referrals to parent education and other self-help services, and some health services: physical examinations, immunizations, and treatment for common childhood conditions. The school nurse practitioner, under the supervision of a licensed physician, will work in an expanded role, including treatment.

Level Three. THE EXTENDED TEAM is an integral part of the New Beginnings approach. As members of the New Beginnings Extended Team, line workers continue in their home agencies and usual job roles, but take on a redefined case load focusing on Hamilton families. Extended team members might be found, for example, in the City Housing Department, the County Departments of Probation and Social Services, and on the staff of community-based organizations, but they all concentrate their work with Hamilton families as part of the New Beginnings Team.

Recommendations for Next Steps

Top leadership of the New Beginnings partnership institutions is committed to the level of institutional change and collaboration required to demonstrate the viability of integrated services for families. In the midst of possible state budget cuts that threaten to pit one institution against another, the New Beginnings partners are resolved to forge ahead with the cross-agency teamwork and thoroughness that has been the hallmark of this feasibility study.

New Beginnings is recommending that implementation begin in the Hamilton Elementary School attendance area. Implementation should be undertaken in four phases:

Phase	Timeline
1. Development of implementation plan	Completed by December 1990
2. Start-up activities	Completed by February 1991
3. Demonstration period	March 1991 through March 1994
4. Evaluation cycles	Annually beginning in 1992

PURPOSE

"It's December 23rd and there are still two days left to shop for Christmas. What a beautiful day in America's Finest City! The sky is blue and a gentle breeze is swaying the palm trees. The temperature today is expected to reach a high of 62 degrees with a low of 45."

This radio report is overheard by a young mother waiting for a bus on the street corner in San Diego's City Heights area. As she looks at her surroundings, a cracked sidewalk and littered street, she wonders if people realize that poverty is also reaching a high in paradise.

Although the pleasant year-round temperature is a unique aspect of San Diego life, the city shares many problems with other communities. People struggle to survive without proper shelter, shoes, and clothing. Malnourished children look for food in restaurant and park trash cans. At the base of a palm tree, surrounded by torn cardboard and a rusting shopping cart, a homeless person sets up residence.

In fact, the high cost of living in Southern California makes the task of surviving even more difficult. For example: San Diegans

- have insurance premiums among the highest in the nation
- have the second-highest utility rates in the country
- have limited public transportation for daily needs
- must wait five years for public housing
- typically spend one-third to one-half of their income on housing costs. The average one bedroom apartment rents for $600 per month and the average two bedroom house costs $180,000 to $200,000.

Parents still stand in the welfare line, the unemployment line, the clinic line, and the housing line, while their children are in the low track educational line. The public and nonprofit agencies, schools, and the community act as if they do not know these separate lines exist. They aren't funded to work together for the success of the whole family.

Over 100,000 children and their families face circumstances which threaten their well-being and promise a bleak future. These families often find themselves confined to poor neighborhoods where a deteriorating physical environment contributes to the image of helplessness and despair. Many of these families rely on public assistance and other services provided by local city and county agencies.

"Poor children in America are in double jeopardy. They have the most health problems and the least access to care. They are growing up in families that experience the most stress, yet receive the least social support. They are at the highest risk of educational failure, and often they attend the worst schools..."

Opening Doors for Children
National Commission on Children

Unlike some other parts of the nation, California has separate county, municipal, and school functions. The City of San Diego is responsible for municipal services such as police, fire, parks and recreation, libraries, and public housing services. The County of San Diego is the primary provider of health and social services, and is responsible for probation and the jails. San Diego City Schools, while under the City Charter, functions independently from the city and is the largest of 43 school districts in San Diego County. The San Diego Community College District oversees the education of students 18 years of age or older. This division of responsibility creates a maze of bureaucracy and restriction:

- Each agency focuses on moderating failure rather than developing success.
- Each agency deals with members of the family as individuals, not as members of a family unit.
- Each agency has its own eligibility requirements, intervention plans, and case closing conditions.

No one is assigned to work with the family as a unit to "guide" it through the bureaucratic pitfalls. No one is assigned to follow up when referrals are made. No one is focused on early intervention to keep small problems from festering into a crisis.

In San Diego, government agency leadership recognized it was serving the same children and families and that all should be allies in creating a common vision of the future for family success. Several interagency collaborations had already been developed on a small scale, and the time was ripe to build upon those early successes. New Beginnings was formed in June 1988, as a means for top leadership in the area to engage in a dialogue about jointly serving children and their families.

The four partners in the New Beginnings collaboration are:

City of San Diego

City Manager

San Diego City Schools

Superintendent

County of San Diego

Chief Administrative Officer

San Diego Community College District

Chancellor

Administrators and other staff members throughout the educational, health, social services and municipal agencies became keenly aware of the growing gap between the complex problems facing today's families and the services our current systems are designed to provide. They realized that no single agency can compensate for the disadvantages suffered by our troubled homes and communities. To have an impact on the problems of poverty, each agency must change the way it operates and relates to others. (A review of related research is contained in Appendix A.)

As participants in New Beginnings continued to meet and talk, a set of shared assumptions emerged:

- San Diego faces complex problems, with a large and growing population of Indochinese and Latino immigrants, inadequate public transportation, inadequate housing and high mobility among families and children.
- All agencies are experiencing serious financial constraints. Attention must be focused on doing better with existing resources, rather than on developing more costly solutions.
- It is more effective to provide assistance early in a child's life than it is to wait until adolescence.
- Interventions which focus on individuals rather than family systems are unlikely to be effective.
- Staff in many agencies are unfamiliar with and mistrustful of the services provided by other agencies.
- Interagency collaboration must be led from the executive level.

Initially a three-part needs assessment was proposed to identify specific areas of possible collaboration. Discussions of this plan led to a call for an action research project to test the feasibility of a one-stop coordinated services center or other integrated services approach for families. Connected to a school site, such a services center would be designed to cut through bureaucratic barriers and provide easily accessible support. The study was conceived as a "top down and bottom up" look at existing systems.

The Stuart Foundations confirmed their interest in interagency collaboration and their willingness to entertain a proposal on behalf of New Beginnings. Stuart Foundations agreed to partially fund the feasibility study in July 1989, and the project team began with donated staff and services from each agency. (A summary of the New Beginnings budget and in-kind contributions is contained in Appendix B.) New Beginnings leadership chose to focus on early intervention and conducted the study at Hamilton Elementary School, located in the City Heights neighborhood of San Diego's densely populated multiethnic City Heights area.

Deep canyons thread the area surrounding the school, creating isolated pockets of housing with dead-end streets and alleys, as well as hiding places for illegal activities. The neighborhood appears incomplete: sidewalks are absent in some areas; streets start and stop without warning; some housing units can be reached only through alleys. Many houses and apartments are protected by iron bars or chain link fences. While the area is

surrounded by liquor stores, it is served by only one major grocery store and one laundromat.

City Heights has one of the highest crime rates in the City of San Diego, with nearly 26 violent crimes per thousand residents and a property crime rate of 97 per thousand. Heroin is the drug of choice for 41 percent of those area residents who were treated by County Drug Services this year. The area leads the city in another grim index: child abuse. Over 300 referrals are made each month to the County's Child Protective Services Unit from the City Heights zip code area.

Hamilton Elementary school is one block away from the main street in City Heights. It serves about 1300 children in grades kindergarten through five, with a state preschool program enrolling four-year-olds. The present school building, which is windowless to prevent vandalism, was constructed in 1978. The main buildings have been supplemented by 26 portable classrooms that form long rows on the grassless playground. To maximize the use of facilities, the school's enrollment is divided into four groups or "tracks", with only three of the four tracks on campus at any one time.

Hamilton Elementary is a microcosm of the multiethnic character of City Heights. Of the 1296 students enrolled at the school in October 1989, 35 percent were Latino, 25 percent were Indochinese, 25 percent were African American, 12 percent were White and three percent were from other ethnic categories.

The selection of Hamilton as the site for the feasibility study provided New Beginnings with an opportunity to work under conditions that are becoming all too familiar locally and nationally: a school straining at maximum capacity to assist families with multiple, severe needs.

STUDY METHODS

The New Beginnings feasibility study was designed to gather information about the relationship between the needs of families and the adequacy of services provided by local agencies and the school. More specifically, the study asked:

- How many families receive services from the county, city, or from community-based agencies funded by the city, county or United Way?
- What services do the families receive?
- Are they eligible for services that they are not currently receiving?
- Is there a relationship between a family's use of social and health services and the academic and social success of their children?
- What barriers do the families encounter when they try to get help from the present system?
- What barriers exist within the system as seen by agency staff?
- Can the service delivery system be made more responsive to the needs of families in neighborhoods like Hamilton's, in a way that is integrated and cost-effective?

As originally designed, the feasibility study included three separate projects: interviews of families and students, interviews of front-line service providers from participating agencies, and a data-sharing effort to investigate the common client base. Agency executives who reviewed the project design felt limited by the research focus and requested a more action-oriented approach. As a result two additional projects were conducted in order to learn more about the current system: placing a social worker at Hamilton to work with families, and creating a system of agency liaisons to help outside agencies be more accessible to Hamilton staff. A third study of Hamilton family migration patterns was added to gather information about the highly mobile population. Despite the multi-faceted nature of the study, all project components were completed within a short timeline.

Component	Timeline for Completion
Focus Groups of Agency Workers	January to April 1990
Case Management Study	January to March 1990
Agency Liaison Network	November 1989 to April 1990
Family Interviews	February to March 1990
Data Match	March 1990
Migration Study	March 1990

Each component is described individually below, including purpose, action steps, and a listing of materials or instruments developed in the component. All materials are included in Appendix C, available under separate cover.

Focus Groups of Agency Workers

Purpose

Workers closest to families have a unique perspective of the system, so their experiences and opinions were sought. The line worker study was designed to:

- examine the agency workers' perspectives of the needs of Hamilton families and children
- identify barriers to service from the workers' perspectives
- identify services which were helpful and readily available
- improve family/agency communication.

Action Steps

Between January and April 1990, the County Department of Social Services contributed two trained facilitators to run nine focus groups involving 77 agency line workers. Six to twelve workers from an agency, usually people who worked directly with families, were selected by the New Beginnings Executive or Project Team committees to participate in the two-hour sessions. Focus groups were conducted with staff from the following agencies:

City of San Diego

Community-based Organizations

County of San Diego

San Diego City Schools

San Diego Community College District

After all focus groups were completed, a cross-agency focus group was conducted using one member from each of the above groups. All groups responded to the following questions:

1. Why do families in the Mid-City/Hamilton Elementary School area need the services that your agency provides?

2. What barriers do families in the area experience when they attempt to obtain services from your agency?

3. What barriers does your agency experience which reduce its effectiveness in providing services to these families?

4. What has been your experience in working with other agencies to provide services to these families? Have you experienced any barriers to working in collaboration?

5. If you had the power to change one specific policy or procedure in your agency to improve services for these families, what would it be?

6. What activities, policies and procedures are working well at your agency now?

Materials (available in Appendix C)
List of focus group participants
Discussion questions
Sample letter to participants
Summary of findings
Sample of focus group data

Case Management Study

Purpose
The case management study was designed to:

- examine the impact of the current service system on families in a school setting
- determine the effects of case management services for 20 high risk families
- document the needs of families for services and identify the barriers they encountered in the system
- document the extent of services provided by school staff
- improve school/agency/family communication

Action Steps
A bilingual (Spanish/English) social worker from the County Department of Social Services (Child Protective Services) was out-stationed at Hamilton Elementary School from January to March 1990. In order to reduce any possible stigma from CPS affiliation, the social worker was renamed a Family Services Advocate (FSA) during his stay at Hamilton. The families selected for case management services represented the diversity of needs of children at Hamilton:

- At least one child in the family exhibiting attendance, academic, physical, or emotional problems (as identified by school staff).
- Currently receiving services or needing assistance from at least one public agency.
- Willingness to waive confidentiality to gain assistance.

The FSA developed a family assessment/case document tool and a release of information form, so that vital information could be shared among agencies. He provided direct services to families and also served as a referral resource for services. He followed family participation in programs and monitored outcomes for each family. At the same time, he functioned as a valued member of the school staff team.

Materials (available in Appendix C)
Consent form for family participation
Family Assessment guide
Summary of findings

Agency Liaison Network

Purpose
The Hamilton Elementary school staff was often unfamiliar with the organization and function of agencies, and was frequently unable to connect families with the help they needed. The liaison study was designed to:

- increase access of Hamilton staff and students to agency services
- increase agency staff awareness of needs existing at Hamilton
- identify agency and family barriers to receiving services
- identify areas of potential change within agencies which would enhance services for families

Action Steps
One liaison was appointed by each agency to expedite referrals and share pertinent information about eligibility and available services with the Hamilton school staff. Each liaison received a notebook that included a phone list of all the liaisons and a log sheet to record information from each contact. Each identified liaison received two hours of training before the project began.

School staff and the FSA were instructed to use liaison expertise only when normal channels of agency communication proved unsuccessful. For example, if school personnel had already initiated contact with an agency and had run into a barrier, they would then call the liaison from that agency to assist them with the barrier. Liaisons were prepared to untangle difficult situations, but not to step outside of agency procedures.

Materials (available in Appendix C)
Summary of findings
List of all liaisons
Liaison log page

Family Interviews

Purpose

Human services programs rarely operate according to the preferences of the recipients. Since many Hamilton families are participating in one or more assistance programs, the New Beginning studies wanted to elicit the families' experiences in the system. Family interviews were designed to:

- understand current needs of Hamilton families for services
- determine barriers to receiving services as identified by the families
- identify services which families deemed helpful and accessible
- investigate the effects of case management from the families' perspective
- identify family needs and barriers from the interviewers' perspective
- improve family/school/agency communication

Action Steps

Off-duty County Public Health Nurses attempted to contact 54 Hamilton families in all. In-home interviews were actually conducted with 32 families. These interviews occurred between January and March 1990. Families were targeted for selection from three groups:

- Group I consisted of the 20 families served by the FSA. (Eight completed interviews.)
- Group II consisted of 15 Hamilton families similar to the first group, but who were assisted by the district counselor, outreach counselor, school nurse, and/or site administrators. (Twelve completed interviews.)
- Group III was made up of 15 Hamilton families who had received assistance from school personnel in the past, but who appeared not to require services at present. (Twelve completed interviews.)

The names of all families for the interview pool were provided by the FSA or by the school. A letter was sent by the school to families in all three groups requesting their participation. It was hoped that a total of 50 families would be interviewed, but it was only possible to complete 32 interviews from the three groups. Of the 22 unsuccessful attempts to interview, 6 families had moved (or were unable to be located); 7 made no response to repeated requests for interviews; 3 agreed to interviews but did not show up; and 6 refused to participate. New Beginnings provided each family with a $10 grocery store food voucher as an incentive for participation.

The interview format was a compilation of County Health Services Department questions, County Department of Social Services categories, and open-ended questions developed specifically for this study. It closely followed the purposes outlined above.

Materials (available in Appendix C)
Interview instrument
Request for participation letter
Summary of findings
Thank you letter

Data Match

Purpose
Each agency maintains a data base of its clients, yet no individual or agency can be aware of the extent to which families are assisted by more than one program. The data match was designed to:

- determine current levels of service provided to Hamilton families by three major agencies
- examine the extent of multiple use of services by families
- compare use of services by families of different racial/ethnic backgrounds and other factors
- determine total financial resources allocated to Hamilton families by participating agencies.

Action Steps
Data on families from Hamilton Elementary were matched with case load files from the County Department of Social Services, County Department of Juvenile and Adult Probation, and the City Housing Commission (Section 8 and Public Housing). Although family names were used as part of the matching process, resulting data did not identify families by name.

The County Department of Social Services developed the necessary database program and conducted the match with data tapes provided by San Diego City Schools and the other agencies. Each agency contributed in-kind resources to perform the match. Data were produced for households with children who live in the Hamilton attendance area and either attended Hamilton or participated in the district's voluntary integration programs at another school site. Data were considered to be a snapshot of Hamilton families in March 1990, and were not cumulative in nature. In addition to racial/ethnic background, data were analyzed to provide:

- comparisons of family service use for students designated as limited-English-proficient, enrolled in special education, or participating in integration programs
- comparisons of family service use for children of varying academic ability as evidenced by test scores and/or at risk status.

Materials (available in Appendix C)
Data selection criteria
Summary of data match results
Agreement to share information

Migration Study

Purpose

The purpose of the migration study was to:

- determine patterns of student and family mobility in and out of the Hamilton area
- determine the characteristics of the mobile and stable student populations.

Action Steps

Data were collected for 1987-88, the most recent year for which data were available. The data were gathered by the Research Department of San Diego City Schools and analyzed by a member of the New Beginnings Project Team.

Materials (available in Appendix C)

Migration study results

FINDINGS

The feasibility study generated a multitude of findings. For ease of reference, findings have been grouped into three sections: findings about the families, findings about the outcomes of case management, and findings about needs and barriers in the current system.

Part I: A Common Thread of Poverty: Hamilton Children and their Families

In an effort to know as much as possible about the families living in the Hamilton area, information was collected from a variety of sources:

- Demographic information about San Diego's City Heights area was compiled from school district reports, county and city records, and police reports. The data match also provided information on the extent of services used by Hamilton families in County Departments of Social Services and Probation programs, and City Housing. The migration study focused on the mobility patterns of the families.

- First-hand accounts of life in the Hamilton area were elicited from the families themselves in the County Public Health Nurse interviews.

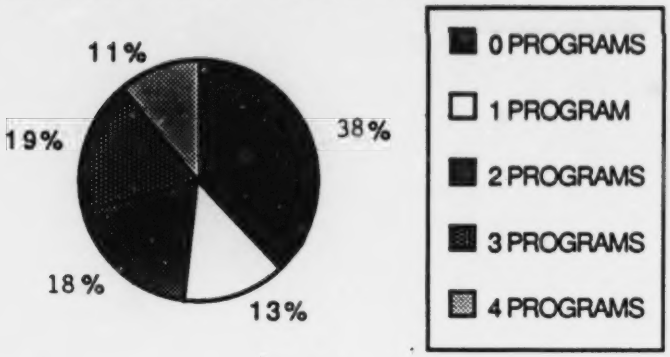
- Perceptions about the children and families were gathered from the focus groups of agency personnel, staff at the school site, the Family Services Advocate (FSA) stationed at the school, and from the County Public Health Nurses who interviewed Hamilton families.

Description of the Families

Overall Population: The data match provided a snapshot of current use of public services by Hamilton families. Nearly 63 percent of all Hamilton households are involved with at least one service provider. Figure 1 shows the percent of all Hamilton households receiving no services, or from one to four services. About 46 percent of all families are receiving Aid to Families with Dependent Children (AFDC); 17 percent are enrolled in an employment training program, Greater Avenues to Independence (GAIN); 5 percent are known to Adult Probation; and 8 percent are living in Section 8 Housing. An additional 8 percent are on the waiting list for housing. About 20 percent were known at some point in the last seven years to Child Protective Services.

FIGURE 1

PERCENT OF HAMILTON FAMILIES KNOWN TO DSS, PROBATION, AND HOUSING PROGRAMS



Hamilton has the highest mobility index[1] (151) of any elementary school in the district. In the 1987-88 school year (the most recent year for which mobility data are available), certain migration patterns were noted. For the most part, Hamilton families who moved tended to remain within the general Mid-City community, but moved in and out of the Hamilton attendance boundaries. Of all the students who attended Hamilton in 1987-88, about 28 percent attended the school for less than 60 days, while over 50 percent stayed for 120 days or more.

Families Participating in the Study: Twenty families were served by the FSA during his stay at Hamilton. Eight of those families were part of the total of 32 interviewed by the County Public Health Nurses, providing primary source data on a total of 44 families. Because the families were selected using specific criteria, they cannot be assumed to be representative of the overall population of Hamilton families. This is especially evident in the section on racial/ethnic background. For information on family selection criteria, see pages 7-9 .

The families can be characterized by one common thread -- poverty. They also exhibited a common history of physical and/or substance abuse. Interview data from the 32 families reveal a wide variation in several profile factors.

Housing -- Fifteen of the 32 families have lived in one dwelling since January 1988 (46 percent). Eleven lived in two places (34 percent), and four had been in three places. One-half of all families lived in single family houses, while another 47 percent lived in apartments or duplexes. One family was homeless at the time of the interview.

Family Composition -- Family size ranged from two members to 10 members. About two-thirds of all families consisted of either four or five members. About 65

---

[1] The mobility index is derived by adding the total number of students who entered Hamilton during the school year to the total number who left, and dividing by the school's official attendance figure for the year.

percent of the families were headed by a female single parent. Three of those were headed by grandmothers with primary custody of school-age children.

Racial/Ethnic Background -- Based on the ethnicity of the head of household (HOH) nine families were Hispanic, twelve were White, eight were African American, and one was Indochinese. In most cases, but not all, family members were all of the same racial/ethnic group.

Head of Household Information (HOH) -- Educational attainment by HOH ranged from no educational experience to two years of college credit. Fifteen of the thirty-two HOH (46 percent) were high school graduates or better. Age of HOH ranged from 25 years of age to 54 years of age. About half the HOH were between the ages of 30 to 35. Exactly half of the HOH received AFDC, and another 12 were working parents. One woman maintained her family on child support. Seventeen used MediCal services, and seven were privately insured.

Transportation -- Half the families owned cars, while the other half depended on a combination of public transportation and the use of friends or relatives' cars.

Families were found to be involved in a variety of service programs, either at present or in the recent past. Table 1 identified the families from the FSA caseload and their involvement with local agency services. The first column indicates the agencies, both private and public, with whom the families themselves indicated involvement. The second column shows the number of families involved with each agency while working with the FSA. The last column shows the number of families who reported involvement with the agencies prior to working with the FSA.

TABLE 1
NEW BEGINNINGS FSA CASELOAD
Agency Involvement

Community Agencies	Number Of Families Currently Active	Number Of Families Previously Active
Home Start, Inc.	1	0
New Alternatives	3	3
Union of Pan Asian Communities	3	0
San Diego Food Bank	0	0
County		
DSS:		
AFDC/MC	12	2 MC 4 AFDC
Child Protective Services	5	9
GAIN	0	0
HLTH:		
California Children's Services	0	3
Public Health Nurses	0	0
Mental Health	0	8
Health Centers	0	6
Child Health Disability Prevention	0	2
ADULT PROBATION	3	3

Families As They See Themselves

> "I'd like to have my children in groups like Big Brothers, PeeWee Ball, and Boy Scouts. I don't know how to get them in."
>
> "I was assigned a lawyer who didn't do anything. Then he sends me a big bill."
>
> "Just about everyone comes to my home already: New Alternatives, CPS workers, I go to drug testing, drug counseling. . . . I know just about every resource in the community."
>
> "(I need) nothing. I've been on welfare all my life. I know what's due me and I know how to get it. I love my children and they love me. I'll kill anyone who tries to harm them."
>
> Hamilton Family Interviews

The comments above exemplify the range of families' abilities to access services. While some are unaware of what is available or where to go for services, other families have been successful in demanding and receiving the services they need. In general, the families expressed the following concerns about seeking help:

- **They don't know what services are available.**
- **They need child care and/or transportation in order to get help.**
- **They see a lot of red tape and rigidity in programs, making it hard for them to understand the system. They feel hassled by the system.**
- **They feel that they aren't listened to by workers, that they aren't respected personally.**
- **They see their racial/ethnic background as being devalued by society.**
- **They don't see the benefit in some programs as incentives to get off welfare.**

For the most part, families identified their needs as short term or immediate (e.g., cash assistance, emergency food, behavior improvement in children).

Families As Others See Them

These perceptions are derived from a variety of sources: the FSA, the line workers, the school staff, and the County Public Health Nurses. However, the findings are similar from all groups. Service providers saw many long-term needs for the families which the families did not identify themselves. An example typically heard was the difficulty in attempting to engage parents in parent education classes when they were worrying about their late welfare checks. The service providers also saw more evidence of alcohol and substance abuse in the home than the families acknowledged in interviews. Specifically, the families were seen as having:

- **diminished sense of reality about their problems**
- **little awareness of their own responsibility and ability to handle problems**
- **negligent or negative methods of discipline**
- **insensitivity or disregard for children's feelings**
- **lack of awareness that their drug or alcohol use is a problem**

> ". . . It seems we all have the same general thoughts in terms of the needs... [but different] strategies about how these needs should be met. These strategies turn into our goals and, when you think about it, if our goals are different, we could actually end up working against each other."
>
> Family Services Advocate

In summary, many Hamilton families are living in severe circumstances. They are trying to raise children in dangerous and decrepit neighborhoods; many families have only one parent present. Some do not know how to gain access to services. More than half the Hamilton families are already receiving some form of public agency service, yet they still report many unmet needs.

In terms of children's services, the school is seen as either the trusted provider of services, or as a resource base for information and referral. Families are less sure of where to obtain help for themselves. People who attempt to provide services to these families must consider that their problems are severe, and that the families deserve respect for mere survival skills. Families need to be listened to for their short-term needs, and guided in the ability to understand long-term needs.

Part II: The Family Services Advocate in the School

> "I think we all work on the basis that we are doing the best we can with what we have separately. New Beginnings brought in a question, 'Is it enough?' A simple question, 'Are we doing enough?' "
>
> Family Services Advocate

To provide a comprehensive look at the needs and barriers faced by Hamilton Elementary School families, a bilingual social worker from the County Department of Social Services' Child Protective Services (CPS) was placed on site for nearly three months. (For a full description of the case management study, see page 7.) His normal role as social worker was expanded to include case management for a group of 20 families selected by the school because of their multi-problem, high risk situations. To minimize any stigma of CPS, the social worker was called a Family Services Advocate (FSA). He was supervised in his new role by an assistant deputy director of the County Department of Social Services.

Case management activities included:

- developing a family assessment/case document tool
- completing detailed assessments of the families
- providing direct services where appropriate
- referring families for needed services
- coordinating services and follow-up on referrals, monitoring outcomes
- providing or assisting with transportation needs
- functioning as a team member of the school staff

The FSA himself put it this way, "I provided a linkage to services and provided direct services. I counseled, advocated, transported, interpreted and felt like a complete social worker without any limits." A release of information form was signed by each of the families so that information could be shared among agencies.

Working with the Families

> "It was nice to be able to talk with someone (the FSA) and tell them what is going on."
>
> "(The FSA) is just fantastic. He puts up with me even though I am so bad and outspoken."
>
> Hamilton Family Interviews

The FSA found that his flexible schedule and responsibilities gave him the freedom to address problems in individualized ways. Being associated with the school allowed him to establish a positive initial contact with the families. Being associated with the County Department of Social Services system was valuable in arranging for resources and referrals. Both connections were critical to his ability to work with families. However, the FSA did feel restrained by the complexity and rigidity of the various systems and programs he had to access.

In working with the families, the FSA noted several common themes:

- **The multitude of eligibility processes required to qualify for various programs is a major difficulty for families. They must retell their "story" several times over, and they must tell it differently to each agency in order to emphasize the correct points that will qualify them for services.**

- **Families have long waits to access programs, communication problems with agency staff, and uncertainty about whom they should be asking for help. All of these difficulties lead to a general sense of distrust on the part of families toward agency personnel.**

- **Families are often unable to guide themselves through the various hoops to access multiple services. The role of the FSA as family advocate cannot be overestimated in its value to these families.**

- **The disparity between providers' and families' perceptions of needs and barriers was evident in the relationship between the FSA and the families. Throughout this study, families are likely to identify immediate or short-term needs but do not always see the need for long-term or continuing assistance.**

The following tables show clearly the disparity between provider and family perceptions. Table 2 lists the categories of needs identified by the family, and the categories of needs identified by the FSA for those families. The FSA identified a total of 93 needs for the 20 families he served; the families identified a total of 47 needs. Similarly, Table 3 shows two categories of barriers to receiving services, those identified by the families and those identified by the FSA. The families named 38 barriers, about 60 percent of the total named by the FSA.

TABLE 2

NEEDS FOR SERVICES IDENTIFIED BY FAMILIES AND BY FAMILY SERVICES ADVOCATE (FSA)

Category	Number Identified by Family	Number Identified by FSA
Advocacy	6	10
Children's Services	5	9
Counseling	5	15
Drug Rehabilitation	1	6
Food	4	2
Health	7	6
Jobs	1	4
Money	5	1
Other Assistance	2	2
Parent Education	5	31
Social	1	2
Transportation	4	4
TOTAL	47	93

TABLE 3

BARRIERS TO SERVICE IDENTIFIED BY FAMILIES AND
BY FAMILY SERVICES ADVOCATE (FSA)

Category	Number Identified by Family	Number Identified by FSA
Bureaucracy	5	13
Child care	2	1
Drug involvement	0	3
Education	4	6
Housing	0	3
Immigrant status	2	2
Money	1	0
Parenting skills	3	8
Psychological problems	5	17
System knowledge	10	8
Transportation	5	0
Utilities	1	2
TOTAL	38	63

Working with the School

> "I cannot close my eyes to someone who is hungry and say, 'It's not my job to feed them, it's just my job to teach them.'"
>
> Kenneth W. Haskins
> Harvard Graduate School of Education

The school is committed to helping children and their families in every way possible. In addition to its many academic programs, the school provides breakfast and lunch programs, after-school recreation activities, outreach counseling, a volunteer program for parents, and numerous health and counseling-related services. School personnel also make individual commitments to helping children. The school nurse keeps extra food in her refrigerator for children who arrive too late for breakfast. Office staff quietly slip used jackets and socks to children who are shivering from the cold.

> "As a team we have been prime motivators in helping families to gain skills to meet their needs. We provide education, referral services, counseling, basic health care and community resources."
>
> Carrie Peery
> Hamilton Principal

The school's ability to assist families, however, is limited by a number of factors. These include: a narrow range of service defined by job function and board policy (especially

for nurse and counselor), a sense of isolation from outside health and social service systems, an incomplete knowledge of appropriate referrals, and difficulties in communication with families from diverse language backgrounds.

The FSA was able to act as an information and referral source to the outside system. He served as a member of the school's consultation team, assisting them in developing a case notebook of activities conducted with each family. Although it was not intended as one of his functions, he also served as primary liaison to other agencies.[2] From an insider's perspective, he was able to experience the frustration of school personnel in trying to obtain help for families. Common obstacles he encountered were:

- **backlog of applicants for services (waiting lists and long waits)**
- **inability to obtain agency records or share information about families**
- **lack of agency follow-through**
- **insufficient personnel to handle calls**
- **multiple eligibility criteria and systems**
- **frequent staff turnover at agencies**
- **school's sense of isolation in its efforts**
- **unrealistic expectations about agency assistance**

The FSA learned that the two agencies called upon most by the school are the police and Child Protective Services of the County Department of Social Services. This finding suggests that the school referral system functions primarily as crisis intervention. He also learned that a dual demand exists on auxiliary school staff such as the nurse and counselor. They are expected to (1) be onsite to meet the needs at the school and (2) to maintain personal contact with the families in their homes.

Working Across Agencies

The experience of the FSA in the school environment yielded valuable information about school/agency collaboration. Some of the major findings are summarized below:

- **Schools are fragmented systems in providing service. They are hampered by inadequate language capability, insufficient awareness of cultural differences of children, inability to provide medical care onsite, and their traditional emphasis on the child, not the family.**

- **The need for a private setting, a center on or near the campus, is critical to ensure confidentiality when meeting with families.**

[2] The agency liaisons designated as part of the study received a total of 5 calls from the school. Although the component was designed to place help "just a phone call away", the phone never rang.

- **Continual communication and feedback are necessary between school and agency. This relationship may suffer if regular communication channels are not maintained. For example, although school personnel considered the FSA to be a valued team member, he sometimes felt alone and unsupported.**

- **Criteria for advocacy and referral need to be clearly understood by both the school and the agencies involved. A consistently applied referral system will help clarify the agreed-upon criteria.**

Being stationed inside the school was a valuable learning experience for the FSA and for the project. This was frequently mentioned in such phrases as "knowing both sides," and "bridging the gap." It became apparent that the FSA's "outside" knowledge was important to the school, and his "inside" knowledge was valued by the agencies.

> "Welfare officials assumed schools would provide the best strategies in helping children move out of dependency; educators assumed the welfare system would support families so children came to school ready to learn. Neither assumption is safe."
>
> Stephen B. Heintz
> Connecticut Department of Income Maintenance

Part III: Living in the System: Needs and Barriers

> "I went daily to sign on to Section 8. It took three years."
>
> "My child is a slow learner, but I can't get a referral to Special Ed."
>
> "I just completed GAIN. I was offered a job in Mission Valley at $5 an hour with no benefits. The bus would take three hours to get to work, and three to get home."
>
> Hamilton Family Interviews

Families' Perceptions

As the data from the various evaluation pieces were assembled, it became evident that there were divergent perspectives about what families needed and the best method of meeting those needs. Most families tended to view their needs as immediate or short-term. They often believed that their own power to meet those needs was limited or non-existent.

Families expressed needs for both material goods and services. Basic survival items such as food, adequate shelter, clothing, employment, and cash assistance were often cited. Increased and improved counseling and education services were also identified as needs, although in most cases these services were sought for children. Other desired services included agency advocacy, child care and transportation. A few families mentioned the need for drug rehabilitation services for other members of their households. Of the forty-four families seen by either the FSA or the County Public Health Nurses, only two parents identified a need for their own drug counseling.

Four categories of barriers to receiving needed goods and services emerged:

- Affordable housing and mental health services are scarce. Families often experienced long waiting lists, inflexible requirements, and inconvenient locations for services provided.

- Fragmentation of services is inhibiting to families. Collecting the service pieces necessary to make significant movement out of poverty required the family to make trips to many agencies, meet multiple eligibility criteria, talk to an endless stream of workers and to persist in their self-coordination efforts with little encouragement.

- A lack of awareness of what services are available as well as the steps and jargon required to obtain them make it difficult for families to know where to go for help.

- Some families sense that they are viewed negatively by agencies. They felt devalued, hassled, and ignored. They found some workers to be interested and helpful. Others were described as rude, impersonal, intrusive, and lacking in experience and knowledge.

> "I don't know why I'm still doing this. I deliver pizza at night and get paid $10 an hour. People appreciate it. They get the pizza; they're happy. I'm happy I don't get verbally abused or have to worry about physical violence."
>
> "I've encountered cynicism on the part of agency workers; it's burnout. It's the sense of hopelessness, that you're not doing any good, that what you do isn't making a difference."
>
> Line Worker Interviews

Line Workers' Perceptions

Line workers perceived families as exercising little control over their circumstances. Although some families were cited as examples of perseverance and fortitude in the face of adversity, most were not. Line workers expressed the belief that many parents were unaware of their failure to meet socially acceptable standards in the areas of discipline, child safety, cleanliness and supervision. Others were characterized as in a state of denial about personal problems, such as substance abuse or the need for counseling.

Most often this lack of awareness or denial was attributed to generational patterns of poverty and abuse, although sometimes it was seen as the result of a lack of motivation or interest and, less often, due to cultural or language differences.

Lack of awareness, denial of personal problems and the absence of a long-term outlook on the part of the families, resulting in self-defeating behavior, were seen by the line workers as the biggest barriers for families. Family mobility and difficulties in worker/family communication due to language or lack of telephones were also seen as problems. Not far behind, however, were obstacles encountered within and among their own agencies.

Communication difficulties topped the list of intra-institutional barriers. Within agencies sub-specialization, geographically distant offices, slow record transfers, lack of worker awareness of programs within their own agencies, and insufficient equipment, such as telephone lines, voice mail or faxing capability were cited as communication inhibitors. These same issues created problems for interagency communications. They were exacerbated by legal restrictions on data sharing among agencies, an even greater lack of awareness about available services offered by "outside" agencies, the lack of common data sharing technology, and the use of agency jargon.

Other institutional barriers included process problems, such as overlapping rules and regulations, complex eligibility verification, incongruent and incomprehensible geographic boundaries, and the fact that many families were involved with multiple programs. Lack of feedback and follow-through were also frequently mentioned. Staff found themselves frustrated by time constraints that allowed them to do little more than put bandages on family problems.

Beyond the regulatory, process, and equipment impediments line workers faced, they saw two broader, more fundamental problems affecting services to families in need:

- the lack of a shared philosophy, and
- the priorities of society as reflected in its service agencies.

Simply stated the agency line workers believed that the goal of providing effective help for multiple problem families will be elusive until all agencies have a shared philosophy. The goals and outcomes of all agencies must be mutually supportive and intertwined before a safety net for families in need can truly exist and function effectively. They also believed that the current agency priorities, which focus most resources on the families who are chronically in crisis, are not effective and severely restrict their ability to assist families before a problem becomes a crisis.

CONCLUSIONS AND IMPLICATIONS

> "One of the most highly developed skills in contemporary Western civilization is dissection: the split-up of problems into their smallest possible components. We are good at it. So good, we often forget to put the pieces back together again."
>
> Alvin Toffler
> Order Out of Chaos

Bureaucracies, through their policies, procedures, eligibility requirements and personnel appraisal systems, have implemented a "divide and conquer" strategy for families in need. Social challenges such as poverty, education, crime, and health have been divided into segments, with piecemeal programs tacked on as needs arose. This move toward increasing specialization was fostered by funding decisions intended to increase the economic efficiency, service efficacy, and accountability of federal, state, and nonprofit institutions.

This fragmented, problem-focused service approach isn't working. Family needs are not being met and families often feel alienated from society. Workers are frustrated, weary and sometimes cynical. Dropout rates remain high, the number of toxic newborns is increasing, and the rates of substance abuse, homelessness, domestic violence and disintegration within families are surging. The points of light are surrounded by darkness; too often, they are shining beacons only for the blind.

The following information provides a summary of findings from the study, reaches conclusions from those findings, and suggests a system of integrated services for children and families.

I. NEED FOR REFORM

FINDINGS: *Families are unaware of services, or of their eligibility for services. They can only use what they know.*

Families need help in order to get help. The system is difficult to traverse without support and information.

CONCLUSIONS: There is a need for basic, fundamental reform in the way schools and government agencies deliver services to families.

IMPLICATIONS: This reform will require new ways of thinking about the needs of families, the roles of agency workers, eligibility determination, the focus and process of service delivery, and allocation of funds.

I. NEED FOR REFORM (cont'd)

It will require consistent, strong support at the highest administrative levels.

II. ROLE OF THE SCHOOL IN COLLABORATION

FINDINGS: *Families see the school as a place to get help.*

Being identified with the school helped the Family Services Advocate and the County Public Health Nurses to gain initial access to families.

Schools quickly become overwhelmed by the multiple needs of families.

CONCLUSIONS: The school setting is a primary, sustained contact point for working with families. However, a school-governed integrated services program is not advisable.

Governance by any one agency might inhibit maximum cooperation; the new system could be viewed as just another project.

IMPLICATIONS: **The center of services will be shared: all are in the hub.**

All participating agencies need to form a network to keep families from falling through the cracks.

III. NEED FOR A COMMON PHILOSOPHY

FINDINGS: *Families must go to several agencies to solve multiple problems, or to receive help with multiple pieces of one problem.*

For example, one family may need food stamps, special education testing, amnesty classes, and police protection. Each is obtained from a separate agency governed by different institutions. Families are often unaware of the distinctions among agencies.

Differences in philosophy make cooperation difficult. Schools are required to report suspected child abuse, but Child Protective Services cannot share information about the children's placement with them. School staff often lose contact with the children if they are removed from their parents' home. For that reason, school officials estimate that 40 percent of school personnel under-report suspected child abuse.

CONCLUSIONS: What appears to be one single system to families is really a fragmented set of services.

III. NEED FOR A COMMON PHILOSOPHY (cont'd)

IMPLICATIONS: **In order for a cohesive system to exist, participating agencies must have a shared, integrated philosophy which stresses prevention and early intervention, agency collaboration and a focus on working with families rather than on individuals.**

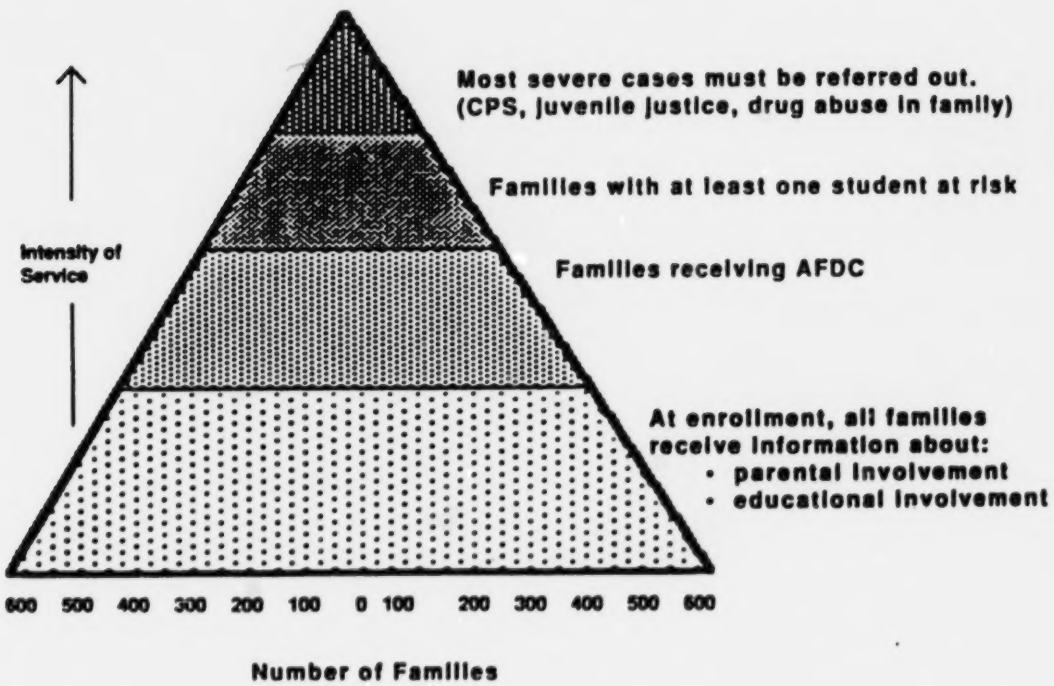
A case management approach would provide coordinated access to services.

IV. PRIORITY OF CASELOADS

FINDINGS: *Over 60 percent of all Hamilton families are involved with County Department of Social Services, and Probation, or City Housing Commission. About 10 percent of all families are known to four or more programs in these agencies. Figure 2 represents the hierarchy of needs of Hamilton families.*

Crisis management for a few families in chronic need takes away from other families with very important needs.

FIGURE 2
Pyramid of Needs and Services for Hamilton Families


Most severe cases must be referred out.
(CPS, juvenile justice, drug abuse in family)
Families with at least one student at risk
Families receiving AFDC
At enrollment, all families receive information about:
• parental involvement
• educational involvement
Intensity of Service
600 500 400 300 200 100 0 100 200 300 400 500 600
Number of Families

IV. PRIORITY OF CASELOADS (cont'd)

CONCLUSIONS: The worst cases are the target of most spending.

IMPLICATIONS: The cornerstone of a shared philosophy must be a priority for prevention and early intervention services.

V. NEW ROLES FOR AGENCY WORKERS

FINDINGS: *Workers are frustrated with the narrowness and inflexibility of their roles.*

Workers feel dehumanized in their job roles, similar to the families involved.

Workers see generations of recurring problems in families and feel helpless to "break the chain".

CONCLUSIONS: Agency workers need and want feedback and a sense of accomplishment about their work.

Worker roles and responsibilities need redefinition.

Expanding staff roles and job descriptions can release the energy and creativity of front line workers who are presently stifled by their systems.

IMPLICATIONS: Workers should become family advocates, working more intensely with fewer numbers of families. They need more authority and flexibility in determining when cases are opened, what services are rendered, and when cases should be closed.

To increase their knowledge base, workers should be encouraged and rewarded for cross-training and placement in agencies other than their home agency.

VI. CHANGES IN POLICIES AND PROCEDURES

FINDINGS: *Families must carry their life stories around to several places. Each agency only wants one part of the story.*

Workers who must handle case files manually are unable to be efficient. "Paperwork inhibits social work."

CONCLUSIONS: Eligibility procedures which are complex and agency-specific create barriers for families.

Present funding mechanisms require agency specialization so that problems are being addressed instead of people.

VI. CHANGES IN POLICIES AND PROCEDURES (cont'd)

Lack of data sharing among agencies, workers, and families prevents optimal service.

IMPLICATIONS: **A common eligibility process should be developed, with one central point of contact for families.**

Funding needs to be flexible enough to allow for appropriate services, whether specialized or general.

Waivers, policy changes, and staffing changes may be necessary to provide funding flexibility.

Legal means must be developed to allow workers to share pertinent information about families with other agency staff.

Technology upgrades are needed to enhance communication among agencies.

VII. RESPECT FOR DIFFERING PERCEPTIONS OF NEEDS

FINDINGS: *Families see themselves in better overall condition than agency personnel see them, but they are plagued by short-term problems.*

Service providers see families as having many long-term needs.

CONCLUSIONS: Discrepancies exist between family and line worker perceptions of existing needs and barriers.

IMPLICATIONS: **The emerging system must address both groups of needs. One cannot be addressed to the exclusion of the other.**

VIII. INCREASED INPUT FROM FAMILIES

FINDINGS: *The most common need expressed by families was for personal care for their children.*

Families want to be listened to and feel valued in their interactions with agencies.

CONCLUSIONS: The present system treats families with less respect than they desire and need.

IMPLICATIONS: **The new system should provide a network of services with a minimum number of staff working with each family.**

The system should have continuity and stability, allow for multiple entry and exit points, and accommodate human and cultural differences.

IX. DETERRENTS TO MOBILITY

FINDINGS: *Families must start over again to secure services when they leave the area, even though the move may have been a positive one.*

In 1987-88, only 40 percent of the children attended Hamilton from day 5 through day 175 (almost the full year). Twenty-three percent attended Hamilton and one other school during the year.

CONCLUSIONS: Family mobility is a serious barrier to receiving services.

IMPLICATIONS: **Institutions and agencies can compensate for family mobility by developing flexible service area boundaries.**

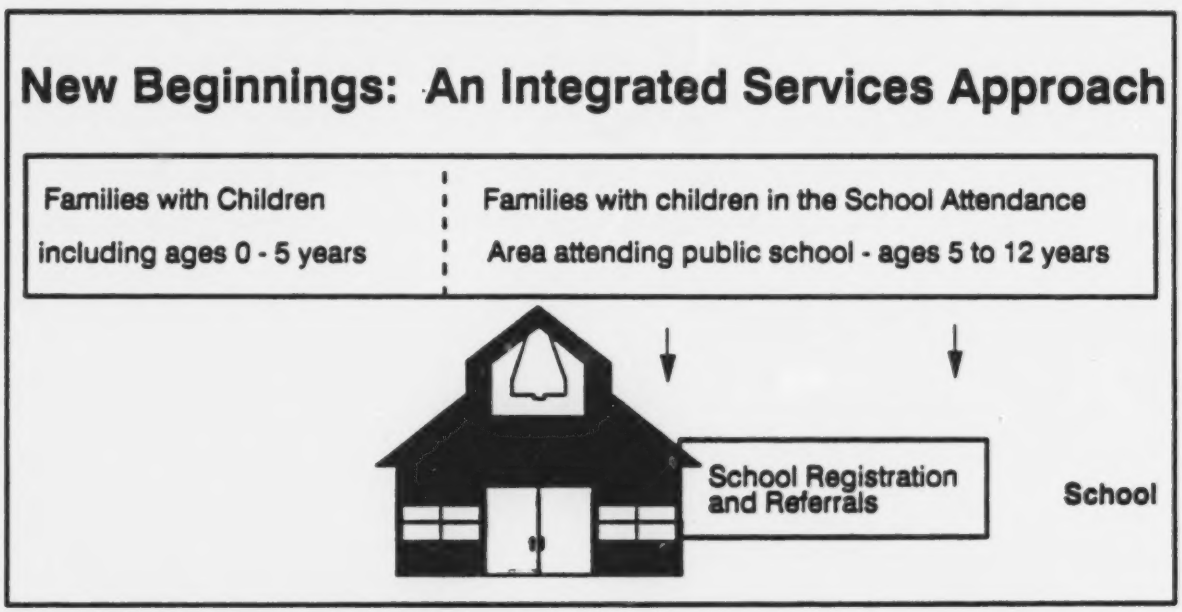
Continuity of services must be given a high priority by service providers.

THE NEW BEGINNINGS APPROACH TO INTEGRATED SERVICES FOR CHILDREN AND FAMILIES

The New Beginnings approach is built upon the findings, conclusions, and implications for change developed in the feasibility study. Its primary goal is to provide easily accessible support for children and families.

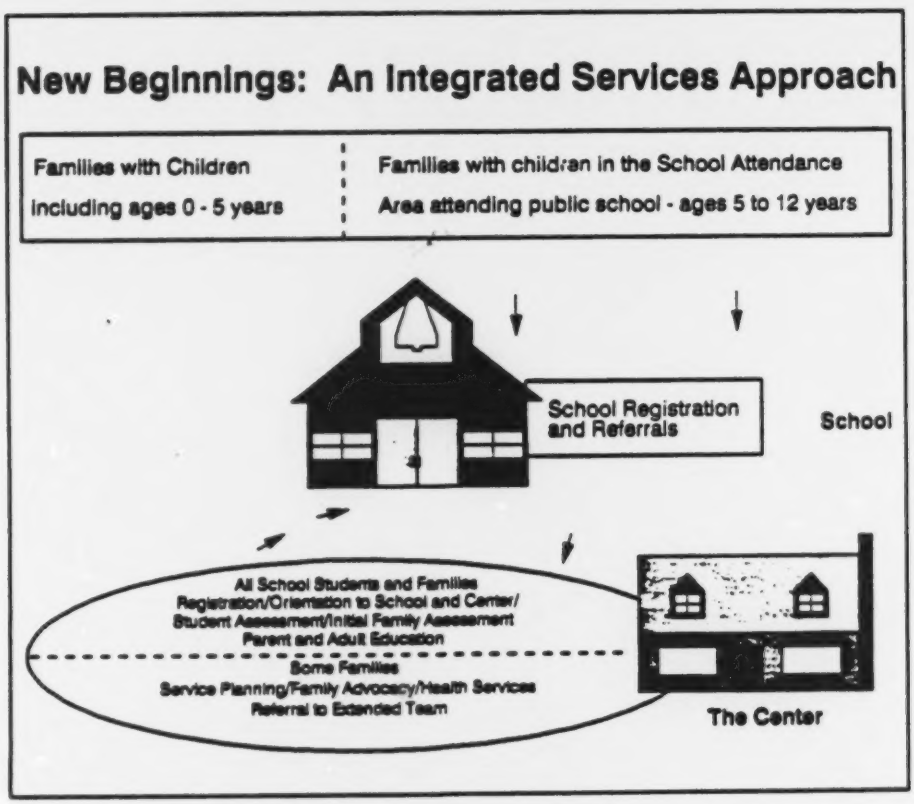
The approach based on an analysis of funds spent by each participating agency on services to families in the Hamilton area. It represents a fundamental reallocation of public funds to an interagency organization, and empowers agencies' staff through increased authority to solve problems and promote deeper involvement with families.

New Beginnings will provide services to families with children who live in the Hamilton attendance area, including those whose children attend Hamilton or other public schools and those with children ages 0-5, who may be referred from participating agencies. New Beginnings will provide service at three levels:


New Beginnings: An Integrated Services Approach
Families with Children
including ages 0 - 5 years
Families with children in the School Attendance
Area attending public school - ages 5 to 12 years
School Registration
and Referrals
School

Level 1: **THE SCHOOL** is a primary source of referrals and an integral part of the New Beginnings approach. Classroom teachers refer children who are experiencing academic, behavioral, attendance, or health problems. Ongoing communication between the teacher and Center staff forms a vital feedback "loop" to assess whether services are having a beneficial effect on the child. Teachers receive intensive training in problem identification and supportive techniques in the classroom, will gain an awareness of the roles and services of other agency staff. The school is closely allied to the Center and shares staff with it on a part-time basis for an expanded student registration and assessment process.

The school will redefine some staff duties to provide direct liaison support and communication with Center staff, and to provide paraprofessional staff to deal with minor or short-term health and guidance needs (such as skinned knees and "time-out" from the classroom). Some staff, including the counselor and nurse practitioner, will move to the Center to work in broader, more flexible roles. An expanded consultation team composed of staff from school and Center will form a bridge between the two and assure that families and students don't fall through the cracks.


New Beginnings: An Integrated Services Approach
Families with Children including ages 0 - 5 years
Families with children in the School Attendance Area attending public school - ages 5 to 12 years
School Registration and Referrals
School
All School Students and Families
Registration/Orientation to School and Center/
Student Assessment/Initial Family Assessment
Parent and Adult Education
Some Families
Service Planning/Family Advocacy/Health Services
Referral to Extended Team
The Center

Level 2: **THE CENTER** is a separate building on the Hamilton site or adjacent to it. It provides two levels of services: an expanded student registration/family assessment process for all families; and service planning, ongoing case management, and various health services for targeted families who need some degree of professional intervention.

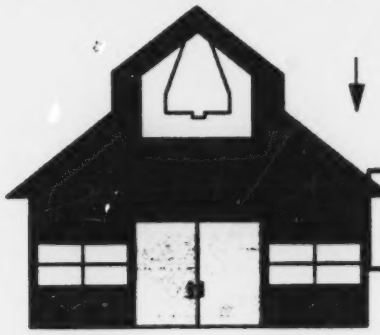
The involvement of Family Services Advocates (FSA) at the Center represents the redefinition of roles within participating agencies. They remain on the staff of their "home" agency while working in a broader, more proactive role with coworkers from other agencies at the Center. They assess family needs and act as advocates for families to provide ongoing support within "the system", including access to services from community-based organizations. This role redefinition is crucial to the creation of integrated, developmental services and to New Beginnings commitment to long-term change. Families need support for problem prevention and intervention, not just crisis response when things have gotten out of control.

At the Center, families will also be able to receive direct services: initial eligibility screening, school registration, assessment of students for special programs, referrals to parent education and other self-help services, and some health services (physical examinations, immunizations, and treatment for common childhood conditions). The school nurse practitioner, under the supervision of a licensed physician, will work in an expanded role, which will focus on primary care and treatment.

The Center management maintains a close collaborative relationship among participating agencies. A Center director will be hired to provide leadership and ensure the coordination of all levels of service.

New Beginnings: An Integrated Services Approach

Families with Children including ages 0 - 5 years	Families with children in the School Attendance Area attending public school - ages 5 to 12 years

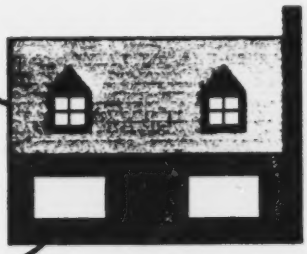


School Registration and Referrals

School

All School Students and Families
Registration/Orientation to School and Center/
Student Assessment/Initial Family Assessment
Parent and Adult Education

Some Families
Service Planning/Family Advocacy/Health Services
Referral to Extended Team



The Center

CBOs

Services provided at the agency OR the Center by staff who are members of the "Center Team"

DSS

Extended Team

Health

City Services

Housing

Community Colleges

Probation

46

Level 3: **THE EXTENDED TEAM** is an integral part of New Beginnings. Not all needs can be met within the Center structure. Many agency workers perform specialized tasks that are not compatible with the Center facility (e.g., some complex, computer-based eligibility functions). In other agencies, the number of staff hours allocated to Hamilton families would not justify assigning a full-time staff person to the Center. As members of the New Beginnings Extended Team, some line workers continue in their home agencies and usual job roles, but take on a redefined case load focusing on Hamilton families. Extended team members might be found, for example, in the City Housing Department, the County Departments of Social Services and Probation, or on the staff of community-based organizations, but they all concentrate their work on the Hamilton families as part of the New Beginnings Team.

FINANCING THE CENTER will require the commitment and ability of participating agencies to designate members of their staff to work as FSAs. At present, agencies are reimbursed by the state only for specific job functions performed. Fragmentation of funding is a major factor contributing to fragmentation of services. New Beginnings will look to existing agencies' resources as the primary source of funding, but will use the funding in a more flexible and fiscally efficient manner. Some revenue may be generated by an increase in the average daily attendance (ADA) of students in school. Cost savings will be realized by the reduction of duplicate efforts by separate agencies.

Table 4 is illustrative of the self-examination needed by each agency. It shows the amount of money currently being expended annually by the County Department of Social Services on families in the Hamilton attendance area,. In summary, information from the table indicates that nearly eight full time positions within the department are serving Hamilton family needs, and a yearly expenditure of $5,700,474 includes those staff positions and benefits to families.

TABLE 4
County Department of Social Services Annual Resources for
Hamilton Elementary School

	CASES	AV. ANN. BENEFITS	ANN. STAFF YEARS	ANN. ADMIN. EXP.	TOTAL ANN. EXP.
AFDC	523	$5,000,117	4.33	$255,943	$5,256,120
AFDC-FC	12	92,327	0.05	3,002	95,330
FOOD STAMPS	20	28,800	0.08	4,118	32,918
MEDI-CAL	48	46,080	0.14	8,252	54,332
HOMELESS	4	45,760	0.03	1,958	31,407
CHILDREN	48	0	1.36	88,704	88,704
GAIN	192	103,680	1.95	141,664	141,664
TOTAL		5,316,824	7.94	503,640	5,700,474

New Beginnings will require considerable legislative and regulatory change, including:

- reimbursement of agencies for case management
- increased capacity for case management
- a unified system for determining program eligibility
- permissions to share confidential information about families

Initial implementation must begin with each agency utilizing all funding flexibility within the current system, while simultaneously seeking additional flexibility at the state and national levels.

NEW BEGINNINGS DESIGN FOR INSTITUTIONAL COLLABORATION

The feasibility study conclusions point to a need for change among institutions along with integrated services for children and families; a long term commitment to systemic change as well as an initial demonstration of collaboration. Too many short term "projects" have been initiated without an institutional commitment to collaboration. In general, they last until the funding runs out, then vanish without leaving a footprint.

True institutional collaboration is necessary to overcome the barriers of fragmented services, burned-out staff, multiple eligibility criteria, and institutional misperceptions. At present, collaboration between schools and agencies is highly individual: one school staff member makes contact with one agency staff member. If either one leaves (and staff turnover is continuous in many agencies), the collaboration collapses. Appendix D addresses other areas of concern in institutional collaboration.

Institutional collaboration (illustrated in Figure 3) requires new ways of working together at all levels. It depends on several key factors:

1. Leadership and top-level commitment. Visionary leadership and commitment from agency heads establish the conditions for success. They arise from a common commitment to the healthy development of children and families, and from seeing that each agency has a role in the achievement of this mission. Top-level leadership establishes organizational permission and priorities for collaboration, and provides inspiration and incentives for others to implement new ways of doing business.

2. A common philosophy. The feasibility study pointed strongly to a fragmentation of efforts within and among agencies, treating one child outside the context of the family, or responding to crises instead of preventing them. When a common philosophy is understood and internalized within all agencies, the leaders' shared vision becomes an agenda for action.

3. Norms of communication and shared expectations. Agencies form their own institutional culture with specialized language, customs, and shared values. All too often, negative perceptions of other agencies become part of the institutional culture. As agencies move into closer collaboration, more of the norms and values of the institutions will be known; expectations of other agencies will be clarified and tested.

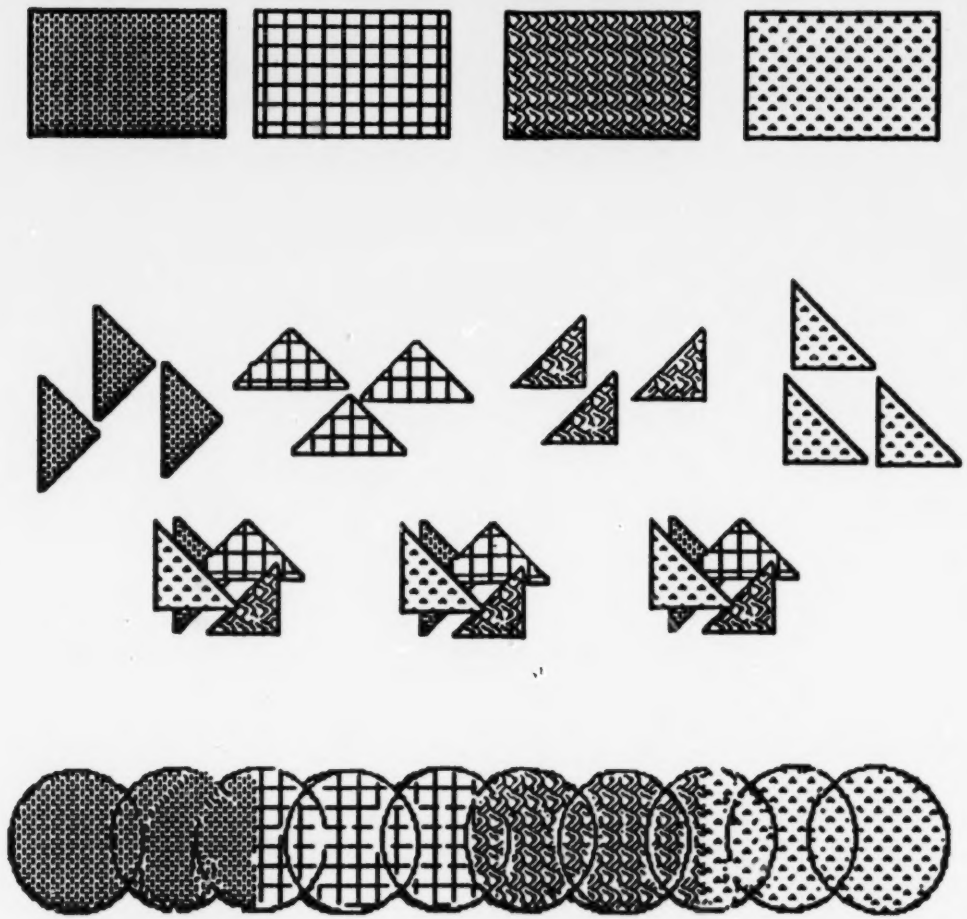
4. Involvement of staff from all levels. Collaboration is empowering. It provides an opportunity for agency staff to redefine their roles and broadens their understanding of the significance of their work. Cross-agency task groups and work groups at all levels provide an opportunity for information sharing and problem solving.

5. Institutional leverage. In working with children and families, all institutions have a stake in creating positive behavior change. An example of such a change would be encouraging families to take responsibility for their children's regular school attendance. Each institution can identify its needs for positive behavior change, as well as the opportunities it has to exert a strong influence on families for changed behavior. As institutions work together, these needs and opportunities for leverage can be brought together.

FIGURE 4

Institutional Collaboration

An Illustration



Shared Vision and Commitment

Agency Heads
- develop and demonstrate the shared vision
- promote and reward collaboration

Mid Level Staff
- build awareness of commitment to shared vision
- build awareness of other agency roles
- form cross agency task groups

Line Workers
- relate to shared vision
- share work projects
- redefine some job roles

NEXT STEPS FOR NEW BEGINNINGS

New Beginnings leadership is committed to the level of institutional change and collaboration that will be required to demonstrate the viability of integrated services for families. In the midst of possible state budget cuts that threaten to pit one institution against another, all members of New Beginnings are resolved to forge ahead with the cross-agency teamwork and thoroughness that has been the hallmark of the feasibility study.

New Beginnings is recommending that implementation begin in the Hamilton Elementary School attendance area. Implementation should be undertaken in four phases:

Phase	Timeline
1: Implementation Plan	Completed by December 1990
2: Start-up Activity	Completed by February 1991
3: Demonstration Period	March 1991 through March 1994
4: Evaluation Cycles	Annually, beginning May 1992

A decision whether to expand the model to additional schools should be made after an initial evaluation.

Existing resources within each participating agency or within existing state and federal programs should be reallocated to finance the implementation. New Beginnings is recommending that implementation plan development and start-up costs be financed by Stuart Foundations and other supportive philanthropic institutions.

There are a number of key issues that must be worked through in designing the implementation plan. Answers to these issues will determine the scope and ultimate replicability of New Beginnings. The following is a brief summary of the key implementation issues.

Governance and Leadership

Who should operate the New Beginnings Center? New Beginnings is leaning toward a shared operating agreement among the participating agencies.

Who should direct the center? The administrator will be from one of members of New Beginnings. The Center director position is pivotal to the success of New Beginnings and must be filled by someone with a variety of agency experience, especially in leading collaborative projects.

What relationship should exist between the school and the Center, and the Center and extended team? New Beginnings is considering a relationship that is spelled out in an annual agreement between the school and the Center and between each participating agency and the Center.

Institutional Leverage

New Beginnings believes there has to be a shared philosophy and set of goals among participating agencies for integrated services to be successful. The agencies involved currently exert varying degrees of leverage to induce clients to participate in programs. The issue is how to use this leverage to achieve cross-agency goals and outcomes. For example, participation in a training module on parent involvement in schools is now a requirement for families who receive GAIN assistance.

New Beginnings will need to determine the appropriate balance between empowering families to take care of themselves and intervening to protect the interests of children.

Relationship to School Restructuring

San Diego City Schools has established a districtwide school restructuring initiative to substantially improve the academic performance of all students, particularly those students who are below grade level or at risk of dropping out of school. Hamilton Elementary School is about to undertake a fundamental restructuring of the school's organization and design of curriculum and instruction. The school's restructuring plans and the New Beginnings feasibility study have been undertaken on parallel tracks. A fundamental issue is how to merge the school's restructuring effort with the New Beginnings interagency support effort to enhance the outcomes of each initiative. Key to this issue is the redefinition of the teacher's role in the classroom, in the management of the school, and in relation to the Center.

Additional areas of parallel reform are explored in Appendix E.

Financing the New Beginnings Center

Existing resources should be reallocated to finance the Center. Major costs for the Center will include staffing--particularly the Family Services Advocates, Center director, and clerical support--office space, and operating costs.

Funding the Family Services Advocates: Sources might include redefining the role of the school counselor; redefining the role of GAIN workers or other County Department of Social Services workers; redefining the role of the County Public Health Nurse; redefining the role of community- based agency staff contracted by the county, city or United Way; Medi-Cal Title XIX reimbursements for case management or Title IVe reimbursements; and Average Daily Attendance (ADA) funding from the school to the extent that the program proves that it can increase attendance.

Funding overhead (director, office space, operating costs): sources might include overhead funds that normally come with positions that will be redefined from each participating institution; a pro-rated allocation from each participating institution; and ADA funding from schools.

Targeting of Families for Support

Tentatively, New Beginnings has decided to focus the Center's support at three levels:

- extensive case management for the 250+ students who are "at risk" by the school district's academic criteria and who are known to at least three agency programs according to the match of school and participating institution data;
- less intensive assessment and referral to the Extended Team for the 600-900 students/families who are known only to AFDC/Medi-Cal and/or Free- and Reduced-Price Lunch Program; and
- initial family assessment, parent and adult education, and listing of available support services in the community for all families at school registration.

New Beginnings needs to decide if these levels are realistic and whether it is viable to also target families who have children ages 0-5 as part of the Center's prevention focus. Two target groups would be siblings of students who attend the school and/or AFDC pregnant women/parents in the school's attendance area.

Types of Services to be Provided by the Center and Extended Team

New Beginnings needs to determine the types of services that will be provided by the Center and those referred to the extended team. The mix of services fall into three categories: prevention of costly and debilitating problems, early intervention to address problems before they become long-term, and crisis intervention to address immediate problems.

Waivers of Existing Laws or Regulations

There are numerous obstacles to the operation of the Center that will likely require a waiver of existing laws or regulations. Several examples of waivers that may be required include:

- Funding: ability to use existing funding sources more flexibly;
- Confidentiality: ability to designate the Center team as a full interdisciplinary team for case information exchange;
- Title XIX and IVe Changes: ability to receive reimbursement for case management staffing;
- Unified Eligibility: ability to establish a unified program eligibility system;
- Cross-Training: ability to cross-train the Center team from the best funding source;
- Waiting List Priority: ability to give priority to the Center's families for service/treatment (particularly substance abuse treatment); and

- Child Protective Services Case Management: ability to allow CPS case workers to spend longer time with cases without penalty or loss of reimbursement.

Demonstration Outcomes

There are five primary areas in which New Beginning outcomes will be measured. Specific outcome measures need to be determined in the plan development phase. The identified outcomes and some possible related measures are shown below:

1. A unified case management approach by cooperating agencies.

   - increased information sharing
   - common eligibility form
   - mutually agreed upon philosophy
   - increased employee morale and satisfaction
   - reduced employee turnover
   - increased percentage of generalist workers, reduced percentage of specialist workers
   - reduced percentage of cases reopened
   - increased proactive measures
   - more visibility, authority, identification at the neighborhood level
   - increased worker knowledge of services available
   - identification and resolution of service gaps
   - increased collaborative, co-funded projects

2. Parents who are gainfully employed and are willing and able to accept the full responsibilities of their parenthood.

   - increase in the percentage of adult employment/ job preparation
   - reduction of percentage of families on full cash assistance
   - increased parental involvement at school
   - increased enrollment in child development classes
   - fewer children on AFDC/for less time
   - lower recidivism rates
   - lower adult and juvenile arrest rates

3. Schools that meet the needs of students so well that children want to go there to learn.

   - increased attendance
   - increased attendance at intersession programs
   - increased promotion rates
   - reduced suspension rate
   - decreased rate of teacher turnover
   - increased parent satisfaction with school performance

4. Healthy infants who are physically, emotionally and psychologically ready to begin their formal education at age 5.

   - reduce the percentage of low-weight, premature and toxic babies
   - increase the percentage of immunized children registering for school
   - increase participation in preschool programs

- increase the percentage of children who come to school with basic readiness skills:

  1. knowing their colors, letters, and numbers (0-10)
  2. knowing how to take turns, pay attention
  3. able to follow simple instructions
  4. demonstrating excitement about learning

5. Healthy children who are physically, emotionally and psychologically ready to learn when they come to school.

   - decrease the percentage of children who come to school without breakfast
   - decrease the percentage of children who are fearful of school
   - decrease the percentage of repeat reports of child abuse
   - increase the percentage of children who come to school clean
   - decrease the number of domestic violence reports

Evaluation and Management of Information

New Beginnings must decide what types of program evaluation will take place and how information will be gathered and reported. Ethnographic, longitudinal, cost/benefit analysis, and attitudinal methods of evaluation are being considered. New Beginnings wants to demonstrate which elements of the design are successful, how students fare over time, how cost-effective this approach is compared to the current piecemeal system, and what workers and families perceive is effective or ineffective about integrated services.

New Beginnings will need to determine how to gather these data and how to design a management information system that will not only enable the Center to share data on families across institutions but also to maintain and manipulate data for evaluation purposes. An assessment must be conducted of the school's and district's Student Information System to decide whether information needs can be accommodated.

New Beginnings Acknowledgements

The Team presents bouquets and their thanks to the following people whose help fosters and enriches the New Beginnings feasibility study:

The Stuart Foundations: Represented by Ted Lobman and Amelia Loomis for their faith, guidance and fiscal support.

The Boards of Each Member of New Beginnings: San Diego City Council, San Diego City Schools Board of Education, San Diego County Board of Supervisors, and the San Diego Community College District Board of Trustees.

Heads of Each Participating Agency: Norman Hickey, John Lockwood, Tom Payzant, and Bill Wenrich.

New Beginnings Executive Committee: William Cox, A.P. Gallego, Jake Jacobsen, Tom Payzant, Maureen Stapleton, Cecil Steppe, and Bill Wenrich for providing just the right blend of support, challenge and freedom.

Hamilton School Staff: Carrie Perry-Principal, Elaine Arm, Claudia Hildreth, Chuck Mossburg and Hamilton faculty and other staff, whose concern for their students overshadowed the risk of letting "outsiders" come in.

Hamilton Families: To the forty-four families who allowed us to get to know them on a personal basis.

Family Services Advocate: Job Moraido, whose concern for families touched our hearts and never let us forget what we were about.

County Public Health Nurses: Sherrie Benumof, Alyce Crider, Wilma Eschleman, Priscilla Mortland, Mary Prendergast, Kitty Roche, Armida Santalo, and Julie Webster for helping us to understand Hamilton area families better, through their tireless pursuit of interviews. Also, the support of their chief, Betty Collins, and supervisor, Jean Granquist.

New Beginnings Liaisons: Shirley Culver, Bill Eberle, Steve Escoboza, Bob Haebel, Barbara Morton, Connie Roberts, Lance Segars, Henry Tarke, Doug Willingham, and for being ready, willing and able.

Line Workers: (77 of them!), who delighted us with their energy, enthusiasm, thoughtfulness and wit, from: the County Departments of Health Services, Social Services, and Probation; San Diego City Schools; the San Diego Community College District; the City of San Diego; and from Mid-City community-based organizations.

Group Facilitators: Aileen King and Neilsene Archibald, from the County Department of Social Services, whose skill and insight enhanced line worker contributions, all with the blessing of their supervisor, Joe Jacquemet.

Administrative Staff: Anita Ayala, Judy Fiedler, Margarite Gorney, Heidi Minch, and Shirlee Munger for sharp eyes, fast fingers, quick thinking and seemingly boundless energy.

Data Match Personnel: Peter Bell, Bob Chang, Debbie Gross, Bob Modell, Sevina Neal, and Pam Snyder who succeeded in making three computer systems talk to one another and make sense.

Feasibility Study Extended Team: All experts in their own right and willing to help: Connie Busse, Howard Davis, Vaughn Jeffries, Ken Leonard, Nancy McPherson, Bruce Silva, Gail Takahata, Bobbie Todaro-Weaver, Dennis Turner, and Lana Willingham.

Our Mentor: Sid Gardner, from California Tomorrow, the man born with two fists full of questions. We think we thank you for asking them, and asking them, and asking them.....

NEW BEGINNINGS

A Feasibility Study of Integrated Services
for Children and Families

An interagency collaboration involving:

City of San Diego
County of San Diego
San Diego City Schools
San Diego Community College District

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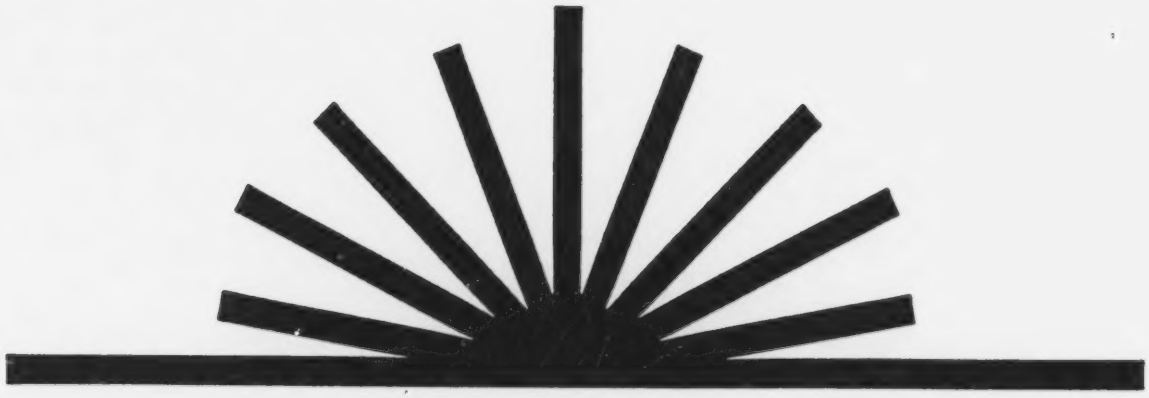

NEW BEGINNINGS

A Feasibility Study of Integrated Services for Children and Families

APPENDICES
July 1990
San Diego, California

NEW BEGINNINGS
Appendices to Final Report

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APPENDIX A

RELATED RESEARCH

Introduction

At a time in which schools find themselves asked to take on more and more of the in loco parentis role, it is difficult to determine the feasibility of providing appropriate health and social services. Schools are unable to offer all the necessary services for children and families. Collaborations of various types are being attempted around the country to enrich the service systems found in most schools. California state policy is shifting toward greater formal support of closer collaboration among schools and other children's services agencies. The December 1989 education summit in Sacramento devoted one entire working group's sessions to this issue, and recommended closer education/social services ties in its final report. New legislation was passed and signed in 1989 that provides new incentives for county-level collaboration for children's services in SB 997. Legislation is now pending (AB2973) which would fund pilot collaborative projects in six elementary schools. A statewide five-year plan for child welfare services is also addressing the need for closer ties among educational and child welfare agencies, under the sponsorship of the Department of social Services and the Child Welfare League of America. The time is ripe for collaboration; the issues are many.

It is the intent of this paper to examine the area of school/agency collaborations and to address the following issues:

1. Why do schools need to collaborate at all? Why must schools change?

2. What is the status of current services for children and families by state and local agencies?

3. What models look promising in school/agency collaboration? How do they benefit children and their families?

4. Where is the locus of control in collaborations?. Who should run the program -- the school or the agency?

This review is divided into sections to appropriately address the first three issues posed in the introduction. The fourth section will be addressed at the end of the literature review.

1. Why do schools need to collaborate at all? Why must schools change?

National and state reports on the condition of children are sounding a remarkable chorus of consensus--the social and economic future of the nation is in jeopardy because our children have tremendous unmet needs that threaten their attainment of an adequate education. The income and achievement gaps between advantaged and disadvantaged children is growing. Prenatal, early childhood, and day care services are woefully inadequate for poor and working class children. The role of the school must change from

a narrowly defined academic institution to one that encompasses a broader range of services for children and their families.

Maeroff (1988) takes urban education to task for producing the "lumpen proletariat" in our schools. He feels that pervasive low achievement is accepted as the norm. He asks the provocative question, "How can they (students) drop out if they've never been invited in?" In some urban ghettos, possible positive role models have fled, leaving counter-culture "celebrities" as heroes to young people. Schools have closed up as "life-centers" for children. Maeroff characterizes the system of support services as an "Ottoman Empire" -- old and creaky, inefficient, out of touch. He suggests that schools become more community-connected in offering services, and strive to personalize the education of their youngsters, giving them a sense of belonging.

Davies (1990) is in accord with Maeroff concerning the "throw-away" attitude towards children in schools. He cites a dropout rate of 30 to 40 percent in most large urban school districts, and laments the fact that such a rate is found acceptable or expected.

Coleman (1987) speaks more specifically of the role of the school in providing services to families. He reports that the family has changed from being an independent unit to being dependent on society. The historical status of home (including family, friends, church) as its own welfare institution is no longer true. He cites several cases of reduced incentives for families to take care of themselves:

- inability to finance college for their children
- need for afterschool and summer activities for children
- decrease in the level of parental authority in families
- increase of domains already handed over to the school to handle (sex ed, child care, feeding programs, curriculum decisions)
- age segregation (generation gap) within families

Coleman concluded that schools need to adjust to the conditions of families as they live today. This includes an increase in health and social service work as an "institutional response to the demands of society". He advocated all-day day care as a year-round necessity.

Darling-Hammond (1990) has looked at the fragmentation of services within schools. She contends that educators don't look at the child as a whole in the way they treat them. Schools separate and isolate children, and as they do, they make more cracks for children to fall through. The current message from administrators to teachers is also one of isolation, "You do it all alone". Teachers are overwhelmed with all they must do in the name of education and without the support of either inside or outside systems.

In "Joining Forces", Cohen (1989) underscores the need for a student-human services collaborative. She accurately perceives that the stresses on children are also stresses on education, which we cannot alleviate with our "isolated slivers of help".

Schools don't always know how to work with other agencies effectively. According to a story in the March 26, 1990 EDCAL, the Rand Corporation reports that almost 40 percent of all educators and school health care providers choose not to report suspected child abuse at one time or another, even though it is mandated. Schools under-report

because of their uncertainty of abuse and neglect definitions. They also are concerned about what happens to the children, since reported children are often lost to the school.

In its 1988 report on immigrants in the California school system, California Tomorrow recommends using community resources to help families to know their rights within schools. As we continue to think about how to help parents understand systems and agencies, one of the systems is our own. Again, the publication's viewpoint is that schools must change to in order to reach out to the community, not wait until the community measures up to the school's standards.

Mich et. al. (1990) call for a change in the feeling that schools must do it alone. They cite an Illinois mandate in school/home partnerships--the presence of an allied community agency. This is necessary, they say, in order to mediate the different viewpoints of educators and parents about children. Referring to Lightfoot's work, the authors describe the tensions inherent in the home/school connection. Parents view their children as individuals and look for a personalization of care for each child. Teachers see children as members of a group.. The inclusion of the community agency in the dialogue helps educators to develop adaptive strategies instead of relying on pathologies to deal with parents.

In summary, the multiplicity of problems faced by children and their families require a multifaceted response by schools--one that they are unable to handle alone.

2. <u>What is the status of current services for children and families by state and local agencies?</u>

Kirst and McLaughlin (no date), in their PACE studies, have reviewed the current situation for children growing up in California today. Their review of children's services reveals two important failings: underservice and service fragmentation. By underservice, they refer to reductions in AFDC funds, and large numbers of eligible families not receiving food stamps, public housing, and free lunch. Fragmentation of services leads to the following difficulties:

- The system can't gauge its cumulative effect in helping children and families.
- Acute needs take precedence over preventive activities.
- Families are unable to guide themselves through the many facets and requirements of the system.
- Schools are isolated from the process and lack information about families and agency contacts.

Cohen makes a strong point in saying that California has too long assumed that someone else was filling the gaps in services provided to children. In fact, California has 160 programs for children overseen by 32 different entities. Schools are unaware of the breadth of service agency support or how to access it. According to Cohen, former Undersecretary of Education Finn warns about children with 26 needs and schools with knowledge of only five solutions.

Despite a multitude of social service programs in California, Smith Thiel (1990) finds that children receive little state-sponsored aid. The Little Hoover Commission says that the current children's service system is "a state of utter confusion and disarray." The state has been hampered by a lack of information on the needs of children, turf battles among existing agencies, and lack of coordinating leadership. Smith Thiel characterized the turf battles as trying to "unify fourteenth century Italy".

The social services system, then is not a cohesive system at all. Like the schools, agencies have been trying to do it all alone, without even the benefit of uniform direction from the state.

3. What models look promising in school/agency collaboration? How do they benefit children and their families?

Hodgkinson (1989) conceives of a client-centered model of service delivery. In this model, the client is the hub of the wheel, with interlocking spokes of education, health, transportation, housing, and corrections.

In the PACE report on Conditions of Children in California, Kirst identifies a need for systematic data gathering about children's well-being and coordinating programs for children. The state needs to be able to track individual children across time and services. He contends that most state policy concerns children with severe problems. There has been little done in the area of prevention. According to Kirst, collaboration is hampered by separate funding streams, inconsistent eligibility criteria, splintered interest groups, and legislative mandates that fragment services.

Kirst and McLaughlin advocate the refashioning of children's services into a "continuous and comprehensive system of care". They specifically name the school as the locus of service, and call for a reconfiguration of administration at the site. The school becomes the broker of social services, and adds child care and preschool services to its own program. In Kirst's vision of collaboration, the school provides the physical facilities and maintains the continuity with the children. The participating agencies actually provide the services. Teachers can be involved in preventive efforts, after receiving training from the agencies. The role of the principal either needs a redesign, or a separate position should be established at the school to coordinate service efforts. This view of collaboration seeks to provide the "functional requirements of a health, curious, productive, motivated child".

They cite several examples of "promising practices", with the common thread in all being the reconceptualization of the purpose of children's' services. In these examples, projects have been able to secure outside flexible funding, top level commitment, agency cooperation at the middle level, and have tailored their offerings to local needs. A summary of those cited follow:

Ventura, CA. has an interagency network of Mental Health, Social Services, Corrections, and Special ed. Focus is on high risk youth.

San Bernardino, CA has a Children's Policy Council (including juvenile justice, schools, public health, community services, district attorney, sheriff, library, Head Start, probation). The provide ongoing monitoring and evaluation of program services and develop partnerships with agencies. A certain focus group was not mentioned.

Minneapolis has a Youth Coordinating Board (including city government, mayor, schools, county, library, park and recreation). The purpose is to integrate services. They were able to create a local property tax.

The Ounce of Prevention Fund (IL) is a partnership of state child welfare agency and a private foundation. The fund assists a number of communities to coordinate services.

Cowen (no date) also sees schools as the locus for academic and social services. He views schools as a natural vehicle, since schools provide long-term agency access to children and their families. However, in the examples of programs cited by Cowen, most school-based collaborations actually appear to be governed by outside agencies. In the Primary Mental Health Project in St. Louis and South San Francisco, a non-professional aide nurtures children. The professional personnel serve more as "quarterbacks", guiding and directing the activities of the non-professionals. This model has been adopted by more than 300 schools in over 50 districts. It is successful, in part, due to the helper therapy principle. Those who are helping others at the non-professional level are also helping themselves in the growth they gain.

Another set of believers in support system personnel are Zigler and Black (1989). According to Zigler and Black, family support systems were developed due to the limitations of social services. (These are mostly community-based organizations.) They find many strengths in the grass roots system of helping families to learn to help themselves and their children. These strengths are found in the system's ability to:

- maintain the context of community and family life
- be flexible in programming, location, and goals
- use home visitors to serve as liaisons
- build on family's strengths, not deficits
- aim to enhance self-worth and capabilities of families
- show dedication to work with families from all backgrounds
- provide a preventive approach to services.

These social service "Welcome Wagons" suffer from underfunding where they exist. The researchers recommend strong evaluations of such programs, in order to prove their merit in establishing funding partnerships.

Harrison et.al (unpublished paper) found that successful school/agency collaborations in the area of special education had five common characteristics: good communication, active networking, responsiveness to families and agencies, neutralized turf issues, and a shared commitment to develop new ways to meet community needs. The researchers promote seven guidelines for better collaboration, applicable in a broader arena that special education alone.

1. Conduct a community needs assessment before determining what should be done.
2. Make continued communication a priority.
3. Give the project sufficient time to function; know how long it takes.
4. Develop a keen political sense.
5. Involve everyone who is interested; refrain from exclusivity.
6. Develop positive opportunities to come together to review the project.

7. Share ownership and accolades. No one group should dominate.

This section suggests that there are several promising models for school/agency collaboration, with the most important connection being the focus on children. A cooperative restructuring of roles is possible when all are agreed that children come first.

Conclusions and Recommendations

The final issue is addressed within the conclusion section because its answers are drawn from the information presented in the literature review.

4. Where is the locus of control in collaborations? Who should run the program -- the school or the agency?

The literature review suggests that schools cannot bear the burden of social service provider in addition to academic responsibilities. School personnel are not seen as having the time, training, or funding to meet the demands for service. Agencies, while set up and funded to provide services, are fragmented for many reasons. No one group has the flexibility and global view to care for all needy children and families. Where collaboration appears to be successful, participating agencies have dropped their need for control and have put the children first. Sid Gardner (California Tomorrow) speaks aptly of the Sinatra count. In any group of people supposedly collaborating, try to count the number who really want the collaboration to be "their way". Schools and agencies need to be very careful that their way is not the only way they will participate. Each of the promising collaborations has a neutral governance system, either a foundation, a board, or a third-party overseer.

The answer to the question about locus of control, then, is "None of the Above". Neither the school nor the agencies should predominate in governance. For the good of the children, no one entity owns the program. All participate with equal voice, and more importantly, with a common voice.

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APPENDIX B

SUMMARY OF NEW BEGINNINGS BUDGET AND
IN-KIND CONTRIBUTIONS

NEW BEGINNINGS
FEASIBILITY STUDY BUDGET AND IN-KIND CONTRIBUTIONS

FEASIBILITY STUDY BUDGET

Data Base Development Consultant	$ 3,000.00
Evaluation Services	$ 12,850.00
Public Health Nurses	$ 3,500.00
Participant Incentives (grocery coupons)	$ 500.00
Project Assistant	$ 24,000.00
Preparation of Final Report	$ 250.00
Supplies, transportation tokens, etc.	$ 400.00
Migration Study	$ 500.00
	$ 45,000.00
TOTAL IN-KIND CONTRIBUTIONS	**$ 217,434.67**
TOTAL COST, NEW BEGINNINGS FEASIBILITY STUDY	**$ 262,434.67**

NEW BEGINNINGS
IN-KIND CONTRIBUTIONS

CITY OF SAN DIEGO

Community Programs Division and Deputy City Manager's Office	$ 3,908.00
Police Department	$ 100.00

SAN DIEGO CITY SCHOOLS

Office of Deputy Superintendent	$ 15,000.00
Planning, Research, and Evaluation Division Project Research Components	$ 8,553.27
Planning, Resource, and Evaluation Division Project Team	$ 11,200.00
Information Systems - Data Match project	$ 6,660.00
Data Processing	$ 500.00
Materials, Fax, Copying, etc.	$ 450.00
Legislative Office	$ 300.00
Executive Committee	$ 3,160.00

SAN DIEGO COMMUNITY COLLEGE DISTRICT

Instructional Services Department	$ 15,000.00

SAN DIEGO COUNTY DEPARTMENT OF SOCIAL SERVICES

Director	$ 24,000.00
Assistant Deputy Director/Support	$ 72,268.20
Training and Development Center	$ 720.00
Various Staff for Focus Groups	$ 545.40
Children's Services Bureau: Family Services Advocate	$ 17,001.00
Electronic Data Processing	$ 22,213.94

NEW BEGINNINGS
IN-KIND CONTRIBUTIONS (cont'd.)

HAMILTON ELEMENTARY SCHOOL	
Principal's Office, Focus Group Members	$ 6,600.00
SAN DIEGO COUNTY DEPARTMENT OF HEALTH	
Director, Assistant Health Director, Mental Health Dept.	$ 3,514.00
SAN DIEGO COUNTY HOUSING DEPARTMENT	
Housing Management Department	$ 1,740.86
SAN DIEGO COUNTY PROBATION DEPARTMENT	
Director, Assistant Director, Staff	$ 4,000.00
TOTAL IN-KIND CONTRIBUTIONS	**$ 217,434.67**

APPENDIX C

FORMS AND MATERIALS USED IN

FEASIBILITY STUDY

SESSION	AGENGY	JOB
1	SDCS - HAMILTON	GUIDANCE AIDE
1	SDCS	TEACHER
1	SDCS - GUIDANCE DEPT	DISTRICT COUNSELOR
1	SDCS - HAMILTON	RESOURCE TEACHER
1	SDCS	OUTREACH COUNSELOR
1	SDCS	TEACHER
1	SDCS - HAMILTON	SCHOOL CLERK I
1	SDCS - HAMILTON	FIRST GRADE TEACHER
1	SDCS - HAMILTON	PROJECT RESORCE TEACHER
1	SDCS - HAMILTON	SCHOOL NURSE
1	SDCS - HAMILTON	TEACHER
2	SDCC-ACHIEVE PILOT RET.	ACHIEVE COORDINATOR
2	SD COMMUNITY COLL DIST	ASSOC PROFESSOR - GAIN
2	SD COMMUNITY COLL DIST	PLACEMENT OFFICER
2	SAN DIEGO MESA COLLEGE	EOPS OFFICER
2	ECC	ASS. CLERICAL
2	SDCCD-ESD CONT EDUC CNTR	STUDENT SERVICE ASST I
2	ECC-ESL DEPT	ASS. CLERICAL
2	SD COMMUNITY COLL DIST	ASST PROF (ABE/GAIN)
2	SDCCD-CONTIN. EDUC CNTR	RESOURCE INSTR LITERACY
2	SDCCD CONTINUING EDUC	ASSOC PROF CONS/HOME EC
2	SAN DIEGO CITY COLLEGE	DIRECTOR FINANCIAL AID
2	ECC	INSTRUCTIONAL AIDE/CLERK
3	CALIFORNIA CHILDREN SRV	CHIEF CCS
3	HEALTH SRVS-ESD HEALTH	SUP PUBLIC HEALTH NURSE
3	MID-CITY DRUG ABUSE SRVS	PROGRAM MANAGER
3	SD COUNTY HEALTH SERVICE	WIC PROGRAM MANAGER
3	SD REG CNTR DEV DISABLED	SENIOR SOCIAL WORKER
3	UNION OF PAN ASIAN COMM	PROGRAM DIRECTOR
4	SDCS	SPECIALIST, CONS/FAM STD
4	SCH ATTN REV BOARD(SARB)	COORDINATOR
4	SDCS-HEALTH SERVICES	SCHOOL NURSE SUPERVISOR
4	SDCS	SOC CONCERNS EDUC COORD
4	SDCS	AREA OPERATION MANAGER
4	SDCS-FOOD SERVICES DEPT	FOOD SRV LABOR SUPERVISO
5	DSS-GAIN	SOCIAL WORKER III
5	COUNTY ADULT PROT. SRVS	PROTECTIVE SRVS WORKER
5	SD YOUTH INVOLVEMENT INC	SENIOR CASE WORKER
5	MID-CITY JUV. DIVERSION	DIRECTOR
5	DSS PUBLIC INQUIRY UNIT	SUPERVISOR PUB INQ UNIT
5	SDC DSS CSB	LAW ENF/MIL/SCH LIAISON
5	SOCIAL SRVS CAP BUREAU	CONTRACT ADMINISTRATOR
5	DEPT OF SOCIAL SERVICES	ELIGIBILITY TECHNICIAN
5	CHILD PROTECTIVE SERVICE	PROTECTIVE SRVS WORKER
5	NEW ALTERNATIVES	OUTREACH WORKER
5	DEPT OF SOCIAL SERVICES	ELIGIBILITY TECHNICIAN
6	SD YOUTH & COMM SRVS	HELP CENTER COORDINATOR
6	DSS-WORK EXPERIENCE	SOCIAL WORKER
6	CHILD PROTECTIVE SERVICE	SOCIAL WORKER
6	CHILD PROTECTIVE SERVICE	SENIOR PROT. SRV WORKER

SESSION	AGENGY	JOB
6	CHILD PROTECTIVE SERVICE	PROTECTIVE SRV WORKER
6	SAN DIEGO COUNTY	PROTECTIVE SRV SUPVISOR
6	DSS/GAIN REFUGEE UNIT	SOCIAL WORKER III
6	COMMUNITY CONNECTION	RESOURCE SPECIALIST
6	DEPT OF SOCIAL SERVICES	BENEFITS ANALYST
6	HOME START INC.	PROGRAM DIRECTOR
6	DSS FM & R	SOCIAL WORKER III
6	UNION OF PAN ASIAN COMM.	PROGRAM DIRECTOR
7	NHA-SAN DIEGO FOOD BANK	AGENCY RELATIONS MANAGER
7	SAN DIEGO HOUSING COMMIS	COUNSELOR
7	SAN DIEGO POLICE DEPT	POLICE OFFICE
7	EAST S.D. PUBLIC LIBRARY	BRANCH LIBRARIAN
7	CITY PARKS & RECREATION	RECREATION CNTR DIRECTOR
7	SAN DIEGO POLICE DEPT	POLICE OFFICE II
7	UNITED WAY INFO LINE	SR INFO & REF SPECIALIST
8	PROBATION	PROBATION DIRECTOR
8	PROBATION	DEPUTY PROBATION OFFICER
8	PROBATION-JUV CT. FIELD	PROBATION OFFICER
8	PROBATION	SUPERVISING PROB OFFICER
8	PROBATION-GANG SUPPRESS.	PROBATION OFFICER
8	PROBATION	SUPERVISOR
9	HAMILTON ELEMENTARY SCH	TEACHER
9	HAMILTON ELEMENTARY SCH	TEACHER
9	HAMILTON ELEMENTARY SCH	SPECIAL DAY CLASS TCHR
9	HAMILTON ELEMENTARY SCH	TEACHER
9	HAMILTON ELEMENTARY SCH	PRE-K TEACHER
9	HAMILTON ELEMENTARY SCH	TEACHER - 4TH GRADE

Discussion Questions

Purpose: To discuss client needs and barriers to agencies meeting those needs.

1. Why do families in the Mid-City/Hamilton Elementary School area need the services that your agency provides?

2. Describe the barriers that families in the Mid-City/Hamilton Elementary School area may experience when they attempt to obtain services from your agency. For example, in many agencies the ability of clients to effectively communicate their needs is hindered by language differences.

3. Describe the barriers your agency experiences which reduce its effectiveness in providing services to these families. For example, some agencies may have strict rules on the types of documentation required before services can be provided.

4. What has been your experience in working with other agencies to provide services to these families? Have you experienced any barriers to working collaboratively? For example, have your efforts to serve families been caught in "red tape"? Please be as specific as possible in identifying areas of such bureaucracy.

5. If you had the power to change one specific policy or procedure in your agency to improve services for these families, what would it be?

6. What activities, policies and procedures are working well at your agency now?

SAN DIEGO CITY SCHOOLS

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THOMAS W. PAYZANT
Superintendent

December 6, 1989

New Beginnings Participants
Hamilton Elementary School Staff

Thank you for your willingness to participate in a group discussion as part of the New Beginnings feasibility study. New Beginnings is a unique collaborative of government agencies in San Diego focused on improving services to families and children. I am a member of the collaborative, and it has my personal commitment and support.

New Beginnings is currently conducting a feasibility study to examine the need for an integrated service delivery model. The feasibility study is focused on Hamilton Elementary School in the mid-city area. The study seeks to find out the needs of the Hamilton families and children and the barriers to receiving the services.

One part of the study will examine the needs from the perspective of the agencies serving the Hamilton area. To do this, group meetings are being held with staff from the various agencies. These meetings will discuss client needs and the barriers to agencies meeting those needs.

I am requesting your participation because of your knowledge of the district and our services. Your selection also reflects my confidence in your ability to objectively look at our district and how we can improve our service delivery. You have an excellent opportunity to contribute to the success of our New Beginnings effort, and I challenge you to respond to the questions honestly, creatively, and after careful thought.

The meeting has been scheduled for: Wednesday, December 13, 1989
1:30 - 3:30 p.m.
Hamilton Elementary School Auditorium

Attached is additional information on New Beginnings and a copy of the questions that will be discussed. Thank you for your commitment of time and energy to this very important project.

Sincerely,

Thomas W. Payzant

Thomas W. Payzant
Superintendent

TWP:ja

Enc.

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SAN DIEGO CITY SCHOOLS

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PLANNING, RESEARCH, AND EVALUATION DIVISION
Evaluation Department

Date: December 6, 1989

To: Discussion Group Participants

From: New Beginnings Project Team

Re: Attachments

We have included some material in this packet to help you prepare for the discussion for the New Beginnings project. Enclosed you will find the following items:

1. A brief description of the New Beginnings program.

2. A list of the questions to be used during the discussion. Please spend a few minutes prior to the meeting to preview them and reflect on your responses.

3. A survey to collect demographic information. Please complete it prior to the meeting and bring it with you.

We thank you for agreeing to participate in this discussion and look forward to meeting you.

New Beginnings Demographic Survey

Agency _____

Job Title _____

How long have you worked for this agency? _____yrs. _____mos.

How long have you worked in your present position? _____yrs. _____mos.

How long have you worked with people in the Hamilton Elementary School area (92105)?

_____yrs. _____mos.

How many times during your tenure with your present agency have you:

changes positions? _____

changed your service area? _____

Please tell us your:

Age_____

Gender M F (circle one)

Ethnicity/Race _____

LINE WORKER FOCUS GROUPS
SUMMARY OF FINDINGS

The development and use of line worker focus groups grew from the executive committee's desire to study the service delivery system from "the top down and the bottom up." Line workers representing the County Departments of Social Services and Health, San Diego City Schools, the San Diego Community College District, the City of San Diego, the Department of Probation and Parole, and Community Based Organizations (CBOs) were invited to participate. This process accepted insufficient resources as a universal condition in all service delivery systems. The workers, therefore, were specifically requested not to dwell upon the need or desire for increased resources in their discussions. A comprehensive description of the process, demographics of participants and focus group responses is located in Appendix LW. Only the summary of findings is presented here.

1. The most cited client needs, from the lineworker perspective, are basic needs: food, shelter, health and safety. Also frequently mentioned were education and job skills, intervention for abusing or instable families, and advocacy and support services.

2. Most people in the system feel that the primary problems of families result from the beliefs, actions, or inaction of the parents.

   "The message has to be: 'Do drugs, no AFDC!'"

   "No school -- no AFDC."

   "Family follow-through is not there!"

   "We are seeing sicker families."

   "School has become responsible for children's welfare - parents are not able to be responsible or just are not!"

3. Drug abuse/involvement of clients is an assumed given by line workers.

   [Upon the observation of the group facilitator that drug abuse had not been discussed] "It's a given!"

   "The parents are on drugs and don't know what's going on. With one student I had, I didn't know who was the mother and who was the daughter."

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4. Clients need system advocates and support services such as transportation and childcare.

"Lack of childcare is a real problem. How is the mother supposed to get to the agency on public transportation dragging around two or three very young children? Do you think she's going to make it to our office?"

"One day last week we had one client who was speaking Russian, one speaking Vietnamese and one something else. We have only one bilingual staff person who speaks Spanish."

5. A unified social service system does not exist; no one has the "big picture" of the conundrum of services that do exist. Service delivery is fragmented both within agencies and in the larger system. Agency personnel and clients alike have limited knowledge of what services are available and how to access them.

"Who has basic responsibility for the whole family?"

"We need to have more meetings like this one to find out what's available, what's out there, who does what."

[Regarding need to network] "It's the only way to get your foot in the door."

[Regarding working with other agencies] "What are they doing? Is it good enough?"

"Clients always seem to have a new social worker."

6. Some workers experience the frustration of fragmentation within their own agencies.

"The [CPS] system is set up to create conflict."

"There is a convoluted system for processing student information. Departments require the same information, but on different forms. It can take a month to get records from other schools in our own district."

"The rules and verifications that are required are constantly changing."

"People don't know where we are, they can't ask for help."

7. There is a desire for, but currently a perceived lack of, a common philosophy among agencies regarding services to those in need. This creates situations in which agency actions end up at cross purposes.

"Getting homeless people assessed through CMS is impossible. The courts define homelessness and being mentally ill as a lifestyle choice, so no services."

"The social worker wanted to reward her [the student] for improving attendance - so she took her out for school one day for a field trip."

8. System reorganization must focus on delivering service to the whole family. The current system is organized around types of problems, not the needs of families. Many families face a constellation of problems, not just one or two.

"These families don't have just one problem; they have multiple problems. They end up seeing one social worker for AFDC, one for this service, one for that service; an endless stream of social workers. How does the social worker get to know the needs of the client in 10 or 15 minutes? Too many details fall through the cracks."

"What we need to do is break the cycle. I've worked with families where the father and son have been in trouble with the law, have gone through the system. The son now has a son. How do we keep the third generation from becoming involved with the system? We have to break the cycle."

9. Narrow funding mechanisms and system procedures interfere with flexible, effective service delivery. Examples cited included prohibiting information sharing among agencies, all-or-nothing eligibility criteria, agency geographic boundaries that are artificial and non-contiguous, and a funding philosophy which rewards a short-term service mentality.

"The County only wants numbers - 500 people got showers or 800 gas vouchers were used. There's no flexibility on how the money is spent. How many homeless people have cars? What would they need a gas voucher for? Then, when we don't use the gas vouchers, they conclude that there are no needs."

"I had a client that needed $100 to pay the rent so that her landlord wouldn't kick her out. They [the other agency] told me that they could do anything for my client until she was kicked out of her apartment. All she needed was $100. Instead, I'm being told that she has to lose the apartment she's lived in for months, be homeless, and then wait 2 or 3 weeks for benefits."

10. Crises absorb most of the available resources; proactive intervention is virtually non-existent.

"[We] get no results from CPS and police until bones are broken."

"We have a triage mentality. We only take the worst cases."

11. There are serious gaps in the present service delivery system.

[Regarding referrals for children ages 15-18] "Are you kidding! No one will touch those referrals."

"CMH wants only good, compliant clients and most do not fall into that category."

"There is lack of residential treatment services for low-income youth."

"Kaiser doesn't take court-ordered therapy cases."

"Medical doesn't pay enough, so therapists don't want to take patients."

12. Most agencies exist in a technological timewarp. There is a need for increased communication within and among agencies, but many lack sufficient telephone service; agency computer systems are incompatible; and the use of advanced technologies, such as FAX communication, is limited.

"...phone tag with social workers in CPS sometimes takes one or two weeks."

"Agencies do not have a common database on family information."

"Sure, we're able to handle 100,000 calls, but 50,000 don't get through by phone."

13. The present service delivery system is dehumanizing for line workers.

"I don't know why I'm still doing this. I deliver pizza at night and get paid $10 an hour. People appreciate it. They get the pizza, they're happy. I'm happy I don't get verbally abused or have to worry about physical violence."

"Sometimes there's just a lack of honest cooperation [on the part of other agencies]; they don't care."

"I've encountered cynicism on the part of agency workers; it's burnout. It's the sense of hopelessness, that you're not doing any good, that what you do is making a difference."

14. Line workers are an untapped reservoir of acute observations and creative innovations. Despite chronic frustration with the process and the results of their work, line workers were honestly engaged in, and enthusiastic about, these group meetings. They made many insightful, considered suggestions for developing a responsive, effective system.

15. Effectively improving the service delivery system will require the participation of all county agencies. In any collaborative project of this size there are leading agencies, agencies without whose commitment the quality of the project would have suffered, and supporting agencies. Actual in-kind contributions from participating organizations of staff time, space and other resources dwarfed our original estimates, yet they were made graciously and with a sense of positive anticipation.

We know from line worker comments that even though a specific agency may not see itself as a provider of direct services, it impacts and indeed, is impacted by, families in need. Whether it is the public's loss of recreation facilities that gangs claim as their territory or libraries that find themselves becoming pseudo after-school day care centers, all agencies have a part to play in redesigning the system and all agencies have a stake in the results.

revised 4/30/90

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BARRIERS FROM THE LINEWORKER PERSPECTIVE

Line workers were asked to identify two categories of barriers during their focus groups. First, they were asked to identify barriers that the families encountered as they tried to get their needs met. Second, they were asked to barriers that they encountered, either in working with the families, within their own agencies, or with other agencies.

Barriers to Families

1. Parental deficiencies were the most often cited barriers to effective line worker intervention. They included, but were not limited to, the following sub-categories:

> Parental attitude - workers frequently commented on the absence of these qualities among parents: concern, cooperation, support for family members trying to change, persistence, independence, resourcefulness. They found some parents to be in denial, exhibit learned helplessness, to be frustrated, have priorities other than their children and to be overly protective.
>
> Parental knowledge and skill - workers found difficulties due to language barriers, lack of parents' education and literacy, lack of savvy about "the system", and family instability/mobility.
>
> Parental impairment - due to mental illness, stress, or substance abuse.

2. Cultural differences in values and in relationships with agencies also were seen as barriers. Cited were fear of the misuse of information (particularly among the undocumented), stigma about being in need of services, lack of trust in agencies (which some workers felt was supported by family experiences), and reluctance to go outside the family for assistance. Tangentially, the difference among family members in their rate of assimilation to American culture (kids usually faster than parents) created problems.

3. Unmet basic and secondary needs often interfered with attempts to provide service. When basic needs were not met, clients were reported to have difficulty focusing on attending to secondary issues (ie., education, skill training, therapy). Secondary needs, especially transportation and childcare, were seen as being inadequately provided and/or not provided where needed (in concert with other services).

4. Agency barriers encountered by families were seen as arising from rules and regulations which required the completion of lengthy, complicated, repetitive forms and application processes which were inadequately or incompletely explained; long waits for appointments followed by long waits for service; services that were not located conveniently for the populations that they served or were hard to find; and insufficient services in the early and middle intervention stages.

Barriers to Workers

1. Communication is a primary barrier to workers. As they describe it, the problems fall into two categories:

> Communications with the families suffer due to language difficulties, lack of interpreters, the absence of telephones in the home or numbers that are frequently disconnected, and mobility.
>
> Communication within and among agencies is hampered by rules and regulations which inhibit the sharing of information; lack of technologically advanced methods of sharing information; the use of agency jargon; fragmented services, lack of worker information about other services; lack of information about changes within other agencies.

2. Process problems were also frequently cited. Specifically cited were complex, overlapping rules and regulations, and their ever-attendant forms; complex eligibility verification; slow response times; the differing geographic boundaries of agency service areas; the fact that multiple problem families involved many agencies; the fragmentation of services and a lack of feedback and follow-through. "Paperwork inhibits socialwork."

3. Agency personnel, not individuals but staff in general, posed barriers to other workers. Identified problems were high turnover, bad attitudes (cynicism, lack of caring), inexperience, insufficient training in both job-specific skills and in cultural awareness, insufficient numbers of workers (therefore caseloads are high), and workers who may face situations in their own homes that are similar to those of the clients and therefore resent help being given to clients or lose their objectivity.

4. Agency philosophies. The lack of a unified approach to families in need means that agencies have differing expectations and sometimes work at cross purposes to one another. Among probation workers there is a feeling that schools expel kids to readily.

5. Funding. After workers get past their primary objection, that there are insufficient funds to hire enough workers and pay for enough services to meet existing needs, two other funding issues emerge. First, limited or "soft" funding is seen as creating problems because programs are constantly changing and CBOs arise, then disappear. Second, the competition among agencies for funds can sabotage collaboration.

6. Time. There is insufficient time (and too many needs) to give more than a surface review of problems. Decisions must be made quickly and with little reflection. Although collaboration with other agencies is desired, finding the time to meet with other workers seems impossible.

7. Types and amounts of services provided. Unmet or inadequately met needs, as identified by line workers, include transportation, childcare, free medical care, landlords willing to rend to AFDC families, and appropriate placement in training programs.

klh
3/26/90

LINE WORKER FOCUS GROUPS
SUGGESTED AGENCY CHANGES

Line workers made many suggestions about the types of changes that could be made to increase the efficacy of services to families in need. They fall into three broad categories: increased proactive interventions, funding changes and agency administration changes.

Increase proactive interventions

Establish a school health clinic and medical screening clinics.
Increase the number of child care facilities such as recreation centers and latch key programs.
Agencies increase efforts to involve parents.
Increase secondary services such as childcare and transportation.
Change regulations to allow for earlier intervention, especially in CPS cases.
Learn that penny pinching doesn't pay.
Focus on early outreach.

Funding changes

Change funding priorities.
Stabilize funding: stress the long-term, not the short-term.
Change the cash benefit delivery system: remove parental options with food and rent payments; tie AFDC benefits to behavior.
Empower people, reduce bandaids.

Agency administration changes

<u>General</u>

Develop a central data bank; standardize eligibility; use common forms.
Simplify application processes.
Increase agency foreign language capabilities. [Shared interpreter bank?]
Increase worker flexibility in applying rules and regulations.
Increase worker inservice training: cultures, agencies, services.
Expand children's services
Share assignment and assessment responsibilities.
Establish inter-agency liaisons.
Develop a step-wise program to get off welfare.
Place agencies in the neighborhoods where families live.
Increase line workers, decrease administration.
Increase the number of multi-cultural staff and staff support.

<u>School</u>

Have a central school placement center [for feeder areas].
Develop flexible school boundaries.
Make school hours more flexible.
Increase the minimum number of elementary days.
Centralize student services [community college district].

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LINE WORKER FOCUS GROUPS
THINGS THAT ARE WORKING WELL

Four general areas of activities, policies and procedures that were working well were noted in the focus groups:

In general, agency personnel were seen as dedicated, caring, cooperative, flexible and supporting of one another.

Although they acknowledged that in some areas things could be work better, most workers generally had good feelings and good impressions of their work with other agency personnel.

Most workers felt that their agencies were providing a maximum amount of service for the amount of funding they received.

Specific programs within and among agencies were cited as being especially positive:

- DARE
- CODE
- Hamilton partnership with East San Diego Kiwanis
- Youth Day Center
- Gang suppression unit
- Youth Service Bureau (before it was cut)
- Victim restitution program
- Juvenile Ranch/Girl's Rehab facility
- WIC
- Spanish education during lunch at East SD Health Center
- Service Providers Data Network (electronic bulletin board.)
- GAIN
- STEP (parenting classes for drug abusing mothers).
- UPAC internship program
- Public Inquiry Unit
- LHSS parenting classes
- SSI worker in Income Maintenance offices.
- SARB
- National lunch program
- ECC amnesty program
- Care project
- Puente project

SAN DIEGO CITY SCHOOLS

EDUCATION CENTER • 4100 Normal St., San Diego, CA 92103-2682 • (619) 293-8433

PLANNING, RESEARCH, AND EVALUATION DIVISION
Evaluation Department

DATE: February 7, 1990

TO: New Beginnings Project Team

FROM: Takahata

SUBJECT: Health line worker focus group
February 6, 1990

Attached are the responses to the six discussion questions generated at the Health line worker focus group. Almost from the outset, there was heavy participation. Participants asked questions about what was being said, offered advice on how they handle certain situations and gave specific examples to illustrate the point that they were making. As with both DSS sessions, participants found that the exchange of information was very beneficial to them (most exchanged business cards, a few set-up informal "appointments" to followup on things discussed in the focus group). The facilatators did an excellent job in capturing the participants' ideas on the flip-chart and in keeping the group focused on the questions.

Summary of General Themes

Question 1 - Why do families in the Mid-City/Hamilton Elementary School area need the services that your agency provides?

-Health needs (immunization, prenatal care, communicable disease education/treatment)
-Cultural (acceptable social behavior, coping with anger)
-Disabled child
-Low income/education/skills

Question 2 - Describe the barriers that families in the Mid-City/Hamilton Elementary School area experience when they attempt to obtain services from your agency.

-Lack of information (what services available, how they benefit from the service, how to access services)
-Cultural (reluctance to go outside family unit, school is supposed to take care of child)
-Mistrust (snooping into home life/personal information; illegal activities in homes)
-Lack of transportation/childcare
-Impaired familes (drugs, conflict) - child's problem is incidental/an afterthought
-Most interaction with agencies is negative

Question 3 - Describe the barriers your agency experiences which reduce its effectiveness in providing services to these families.

-Delays in benefits cause frustration/hopelessness (waiting lines, excessive paperwork, multiple problems taken care of one at a time)
-Lack of continuity of services (fragmentation, stream of social workers)
-State mandates/rules (inflexible, excessive paperwork)
-Safety of workers (at office and in clients' homes)/lack recognition of front line worker
-Burnout/high turnover/not sensitive to client
-Must first have doctor referral (agency not do screening)

Question 4 - What has been your experience in working with other agencies to provide services to these families? Have you experienced any barriers to working collaboratively?

-Fragmentation of services (who is in charge of <u>whole</u> family; territorial competition)
-Unfamiliar with services provided by other agencies
-Networking (on informal person-to-person level) has been positive

Question 5 - If you had the power to change one specific policy or procedure in your agency to improve services for these families what would it be?

-Increase flexibility (eg. income verification)
-Health clinic on school site with team approach able to do total screening on <u>whole</u> child (team: Public Health Nurse, health educator, audiologist, social worker, psychologist)
-Staff training (what community resources available (housing, medical, legal); sensitivity towards clients; cultural awareness; own denial of drugs, chauvinism, poverty, abuse)
-Recruit more culturally diverse staff

Question 6 - What activities, policies and procedures are working well at your agency now?

-Informal teamwork (reduce burnout)
-Networking on informal basis with other agencies
-Staff inservices (client sensitivity; Spanish)

The attached list entitled "Discussion Questions" contains the responses recorded at the focus group meeting. Participants were asked to mark the three responses that they felt were most important for each question. The number in the parenthesis represents the number of times the item was marked as being most important.

Discussion Questions
Health Focus Group

1. Why do families in the Mid-City/Hamilton Elementary School area need the services that your agency provides?

    1. Disabled family member
    2. Respite - to get away
    3. Highly Impacted Indochinese population
    4. Housing/over crowded (1)
    5. Poor education of parents (1)
    6. Low income (4)
    7. Do not understand how to use food (cultural - SE Asian) for healthy family
    8. Physically handicapped children in need of services
    9. Medical care (1)
    10. Need for personal skills
        - how to express feelings, anger, etc. (3)
    11. Need to know how to access services (referral process)
    12. Need for vocational skills
    13. Violence - gangs
    14. Value system
    15. On Medi-cal - how to access needed services. Need assistance in getting whats available (1)
    16. Do not ask for services--even when eligible for them. Outreach and education is needed
    17. V.D. and communicable disease control
    18. Immunizations--to get into school
    19. Prenatal care
    20. Medical care for children
    21. Drug abuse problem
        - need for drug treatment

2. Describe the barriers that families in the Mid-City/Hamilton Elementary School area experience when they attempt to obtain services from your agency.

1. What "service" means--do not understand "the process"
2. Reluctance to go outside the family unit for help
3. Believe the school should take care of "fixing" the child
4. Cultural differences (3)
5. Language
6. Do not know how to behave in the use of services (3)
7. Lack of trust
8. Must go to them
9. Medical care--need doctor's care prior to receiving WIC service and California children's services
   - physicians do not always fill out form correctly
10. Travel distance--takes effort to get there. Poor bus routes
11. Transportation (3)
12. Families not willing to cooperate
13. Child care--need for child care while receiving services (2)
14. Denial of problem
15. Stigma of receiving service
16. Family has other priorities
17. Impaired by their own problems--so are not able to advocate for own children (2)
18. Poor family communication
19. Do not have telephones or know how to use it to access agencies
20. Give up too easily--not persistent enough to "wait"; "hang on the phone"
21. Do not know how to "fill out the forms" and to follow through
22. Do not know service is there (1)

Question #2 cont.

23. Fear and mistrust--do not want to share information on family or to have people coming into home (1)

24. Volume, lines, long waits--deter families from getting service (1)

25. Systems have taken "power" away from families--taken away their ability to act for self

26. past negative interactions with agencies (3)

27. Numerous workers serving one family--confusing and overwhelming for family

3. Describe the barriers your agency experiences which reduce its effectiveness in providing services to these families.

1. Rules and regulations (3)
2. Lack of coordination between agencies - causes delays
3. Multiple application forms--give same information
4. Who has basic responsibility for whole family? Fragmented services (2)
5. Lack of team approach
6. Agencies guard our own turf
7. Hard to get people together to case conference
8. Not very sensitive--staff just do not have time to respond appropriately
9. Way agency is organized--zip code/geographical assignment of cases
10. Resent families use of services when agency staff often in very similar situation
11. Staff begin to accept problems of community--as normal
12. Our staff are apart of same communities and suffer some of the same problems
13. Become cold and indifferent after being in business for awhile
14. We are seeing sicker families (1)
15. Fear/safety by agency staff--at agency sites and in homes (1)
16. "Burned out"/Stressed staff who are burdened with paper, high workloads, etc. (4)
17. High turnover of staff
18. White, female, monolingual staff serving multi cultural/ethnic community
19. Physicians will not refer to service in fear of losing patient (1)
20. Agency do not go to families--expect to come to the agency

4. What has been your experience in working with other agencies to provide services to these families? Have you experienced any barriers to working collaboratively?

1. Problem with DSS
   - clients need financial statement from AFDC to take Women, Infants and Children (WIC) each six months--have only old statements

2. Client calls, appointment with Eligibility Technician

3. Family with multiple problems (5)
   - Public Health nurse--sick child
   - CPS--child abused, neglected,
   - medical health--depressed mother
   - fragmentation--who is in charge of family?

4. Emotionally disturbed--IEP (indiv. educ. plan) difficult to get
   - school not flexible to how children express emotional problems

5. Children act differently--agencies see the results differently

6. Fragmentation--territorial competition (3)

7. Personality--professionalism in one field versus other field
   - own past history of mistrust

8. Can make CPS initial calls for client to help them--for agencies to work together

9. Time
   - difficulties in contacting

10. Misunderstanding what other agencies do

11. Needs aggressive, persistant persons to get through (1)

12. Networking has worked (3)
   - contacts--to know what is happening--immediate response
   - do on a broader scale

13. Dispute between CCS and school for space--costly--no movement
   - Gompers identified--more services needed

14. San Diego City Schools has only one medical therapy unit for over 200 schools--eight miles to go to one hour of therapy

15. Medical therapy unit is positive and can reduce other barriers

5. What specific policy or procedure changes could your agency make that would improve services for these families?

1. Financial requirements--make easier to hook up with info.--verification for WIC--required by state (3)

2. Medical screening clinics to be established in community, perhaps school site--we do not know how many clients there are? Have children ever seen doctors? (1)

3. Health clinics--school based--at elementary level (primary care with referal) (3)
   - team to include:
     social worker
     public health nurse
     nurse
     psychologist
     audiologist

4. maintenance prevetion--in school based clinics

5. Expand--family counseling services beyond mental health to prevention and outreach

6. Requirements for staff members have extensive course on community resources for referrals (4)
   - housing
   - medical
   - basic food
   - legal

7. Staff trained better to overcome own denial of poverty, child abuse

8. Have manageable, smaller, workable case load (self esteem worn down--Social Worker becomes casualty)

9. Keep good people in field

10. County rent space for therapy units and bill education/get over turf issues

11. Cultural training/awareness (4)
    - build up in workers
    - social changes affecting

12. Recruit more culturally diverse staff (3)

6. What activities, policies and procedures are working well at your agency now?

1. Network monthly
   - WIC with Comm. clinics
   - WIC with UCSD
   - for high risk pregnant women
   - see many who normally would not see

2. Teamwork with professional non-bilingual and bilingual staff from hospital
   - discharge to home
   - team managing a caseload works very well

3. Cross training/teamwork in drug treatment
   - task oriented
   - pressures job reduced

4. Soc. recreational act. with participants--especially food--holidays
   - family oriented--Magic Mt.
   - good alternatives shown to clients

5. Monthly staffing services/training
   - medical
   - how to interact with client
   - telephone skills
   - done around social theme
   - OK to say "cannot handle" something

6. Good networking with
   - Children's Hospital
   - University Hospital
   - CCS
   - Gangs treatment--Mercy University--trauma centers

7. Good interactions with:
   - CPS
   - Reg. center
   - School Nurses

8. Communication good--working hard to train on substance abuse

9. Positive tax forums

10. Behind scenes networking

11. DHS/DSS--attending to staff in field in difficult frontline areas (1)

12. Education--Spanish on lunch hour at East San Diego Health Center

13. Workers' needs heard and being met

020890
jmm/hrum14.1-7

December 15, 1989

TO: New Beginnings Liaisons
FROM: Shaula Wright
RE: Updated New Beginnings Liaisons list

SCHOOL INFORMATION

HAMILTON ELEMENTARY SCHOOL
2807 Fairmount Avenue
San Diego, CA 92105
(619) 262-2483
262-9600 (after 2:30)

MAY CONTACT THE LIAISONS;

Job Moraido - social worker
Carrie Peery - principal
Elaine Arm - vice princ.
Claudia Hildreth - nurse
Chuck Mosburg - counselor

LIAISONS

1. Department of Social Services
   1255 Imperial Avenue, SD 92101
   Connie Roberts 338-2888
   b/u: Jean Shepard 338-2888

2. San Diego City Schools
   4100 Normal St., SD 92103-2682
   Jeanne Jehl 293-8371
   b/u: Ron Ottinger 293-8439

3. Department of Health
   3851 Rosecrans, SD 92110
   Steve Escoboza 236-7633
   (call as a last resort)

   a. Mental Health
      Child & Adolescent Services
      3340 Kemper, #105, SD 92110
      Shirley Culver 222-6303
      b/u: Ron Armijo 222-6303

      Central Region Mental Health
      1250 Morena Blvd., SD 92110-3815
      Henry Tarke 692-8745
      b/u: Sari Reznick

   b. Public Health Center
      Dept. of Health
      1700 Pacific Highway, SD 92101
      Bob Haebel 236-3134
      MAIN CONTACT FOR PUBLIC HEALTH

      c. Child Health & Disability Prevention Program
         1700 Pacific Highway, SD 92101-2417
         Sally Ottmann 692-8425
         b/u: Phyllis Elkind

      d. WIC (Women, Infant & Children)
         3177 Oceanview Blvd., SD 92113
         Diane Machinski 531-6119
         b/u: Rosalie Norton

   e. Alcohol Abuse
      3851 Rosecrans, SD 92110
      Lance Segars 692-5775
      b/u: Richard Burhenne

   f. Drug Abuse

      Drug Abuse Services
      P.O. Box 85222, SD 92138-5222
      Barbara Morton/ 692-5727
      b/u: Al Edwards

4. Probation Department
   2901 Meadowlark Drive, SD 92123
   Douglas Willingham 694-4438

5. City of San Diego
   Security Pacific Plaza
   1200 Third Avenue, Suite 1700
   SD 92101-4199
   Bill Eberle 236-7043
   b/u: Ross McCollum

6. San Diego Community
   College District
   3375 Camino del Rio South, SD 92108
   Shaula Wright 584-6941
   b/u: Bill Armstrong

200

Case No._____

NEW BEGINNINGS
LIAISON ACTIVITY LOG

PLEASE PRINT IF POSSIBLE:

DATE:_____

LIAISON NAME:_____PHONE:_____AGENCY:_____

CONTACTED BY:_____PHONE:_____

I. FAMILY INFORMATION:

PARENT NAME:_____ PHONE:_____

ADDRESS:_____

STUDENT NAME:_____ AGE:_____

OTHER FAMILY MEMBERS:_____

_____

_____

II. PRIOR ATTEMPTS TO RECEIVE ASSISTANCE: DATE:

III. REQUEST FOR ACTION:

IV. REFERRED TO: PHONE: DATE:

V. FOLLOW UP: DATE:

VI. AT THE CONCLUSION OF THE FEASIBILITY STUDY:

____REFERRAL STILL OPEN FOR ACTION: DATE:
STATUS:

____FINAL ACTION TAKEN: DATE:

April 27, 1990

LIAISON FINDINGS

On November 29, 1989, a meeting was held at Hamilton Elementary School with all 13 appointed agency liaisons present. The liaisons were selected by the Executive Committee member from each participating agency (see attachment X). Introductions were made and an overview of the New Beginnings project was presented. Suggestions and comments made by the participants were noted and incorporated into the project.

In order to maintain a record of the contacts each liaison received, a notebook log was developed. Each notebook contained a description of New Beginnings, a Hamilton Elementary school area map, a phone list of all liaisons, log sheets for information obtained during each contact and a sample log sheet (see attachment XX). Every agency was given a different set of colored stock log sheets for easy reference and referral. All participants were told the liaison portion of the feasibility study would be conducted from December 1989 through January 1990.

Initially, the liaisons were informed they should expect calls from only Job Moraido, the Family Services Advocate. Job was first to use the normal avenues of referral, and then contact the liaisons if he did not receive any response. However, at subsequent meetings held with the Hamilton administrative staff, they requested to be added to the list of those who could contact the liaisons.

An updated contact sheet and liaison list with back up liaisons was compiled and delivered to the Hamilton staff on December 14, 1989. In late January, it was discovered the liaison name list had inadvertently not been distributed to the Hamilton administrative staff and therefore, the Hamilton staff did not have an opportunity to use the liaisons.

The liaison portion of the feasibility study was extended through February 1990 in order to obtain additional information. Unfortunately, upon debriefing, Job Moraido and the Hamilton administration staff, reported the school staff relied on Job exclusively to make all the liaison contacts, even if the service needed was another school family other than his case management families.

At this point, we decided to extend the liaison positions through the end of March to enable the Hamilton administration to utilize the liaisons. However, upon calling the liaisons the first week of April, we discovered the liaisons had not been utilized to their full potential. The Department of Social Services received five calls and the only other agency liaison contacted was one call made to the Department of Health. A summary of those calls is provided below:

SAN DIEGO CITY SCHOOLS
Office of the Deputy Superintendent

NEW BEGINNINGS STUART FOUNDATIONS FEASIBILITY STUDY
AGENCY LIAISON JOB DESCRIPTION

Overview

Each agency participating in the New Beginnings Stuart Foundations Feasibility Study will assign a staff liaison to work with the action research portion of the project. The agency liaison will link Hamilton staff to key personnel and services within the agency, and will maintain documentation on referrals and outcomes.

Goals

Increase access of Hamilton staff and students to agency services.

Duties

1. Develop and maintain a list of agency and contractor programs and staff persons that deal with the Hamilton community.

2. Meet with Hamilton's consultation team and agency liaisons to develop face-to-face communication and facilitate ongoing collaboration.

3. Link requests from Hamilton staff, as well as social worker, to appropriate contact person(s) within the agency.

4. Work with top-level staff within the agency to develop solutions to problems as they occur.

5. Follow up with Hamilton staff and/or appropriate agency staff to determine outcomes of referrals.

6. Maintain records on referrals and outcomes for use by New Beginnings project staff.

JJ:ja
10/9/89
A:NBLIAISON

NEW BEGINNINGS STUART FOUNDATIONS FEASIBILITY STUDY
SOCIAL WORKER JOB DESCRIPTION

Overview

A social worker from the San Diego County Department of Social Services (Job Moriado) has been assigned to Hamilton Elementary School for a two-month period from mid-November through mid-January, 1990. He will conduct an "action research" project on the effects of case management services on "high risk" families whose children are enrolled in the school.

Goals

Working with the school staff and families, the social worker will be able to document:

- Needs of families.
- Eligibility for services.
- Barriers to receiving services.
- Effects of case management services on children and families.
- Improvements in school-agency communication.

Duties

1. Provide case management support for approximately 20 "high risk" families of students enrolled at Hamilton Elementary School. Families selected will:

   - Have at least one child who exhibits attendance, academic, physical, or emotional problems which place him/her "at risk" of school failure.

   - Currently receive or appear to be in need of assistance from at least one public agency in addition to assistance provided by the school.

   - Be willing to waive confidentiality in order to gain additional assistance.

   - Be representative of a diversity of children's needs.

2. For families selected to receive case management services, the social worker will:

   - Meet with families and students to complete an assessment of the families' need for services; determine mobility history; determine current level of use of social services; offer assistance in obtaining additional services for which family may be eligible.

- Develop a case management plan for each family, including commitments by parents.
- Link clients to needed services. The social worker will facilitate this linkage by helping families to secure needed services.
- Follow up with parents and agencies to see whether referral recommendations have been fulfilled.
- Work with school staff to document student outcome of case management efforts.

3. Work with school staff (consultation team, administrative council, School Attendance Review Board) at Hamilton Elementary School to identify students and families in need of additional services.

Outcomes

Working with the New Beginnings staff and the Hamilton Elementary School staff, the social worker will seek to determine the impact of case management on participating students, families, and the school, including an analysis of costs and benefits.

CLIENTS	PROCESS	SYSTEMS
Needs -school identified -client identified -social worker's perception	How does present process -observe needs -classify needs -respond to needs -determine goals	Which systems are primary, which are secondary?
Intervention -what were the goals of the family, school, social worker, other agencies?	What was the social worker's experience in trying to intervene?	Frequency of agency referral, barriers?
Barriers -previous, from school -previous, from family -social worker experience	How does current process enhance or encumber attempts to remedy needs?	
Outcomes -what happened to 20 families? What are the continuing needs?	How is success defined?	

FAMILY ASSESSMENT GUIDE
(Draft)

I. PRESENTING\IDENTIFYING PROBLEM OR NEED

A. Issue
B. Who Initiated Contact?
C. Families View of Issue
D. School\Agency Perception
E. Assessors Initial Impression

II. FAMILY SOCIAL STUDY

A. Basic Needs
1. Family\Household Composition
2. Income: Sufficient to Meet Needs
3. Adequate Food and Shelter: Residence and Neighborhood (Length of time)
4. Access\Receipt\Participant: Agency Supports\Contacts\Willingness
5. Health: Physical and Mental: Mode of Service Receipt
6. Transportation
7. Educational Experience: Family Value\Perception
8. Social\Family Support Systems: Social\Community Activities; Extended Family
9. Cultural: Values\Beliefs vs Surroundings; Connections
10. Other Significant Issues: Substance Use\Abuse (Elaborate)

B. History
1. Income: Address Significant Changes: Earned\ Unearned
2. Residence: Address Mobility and Reasons
3. Agency Supports\Contacts: (Include Law Enforcement, Public Assistance, Community Agencies: Elaborate, Follow Thru vs Non)
4. Health: Physical and Mental - (Include intergenerational)
5. Other Significant Information\Patterns

III. FAMILY STRUCTURE\ORGANIZATION

A. Individual Identification
1. Primary Caretaker
2. Primary Spokesperson (Elaborate: Writer vs Underwriter)
3. Hierarchy of Authority
4. Individual Roles: Parents Perspective\Sibling Perspective

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B. Family Relationships
   1. Communication Process: Close Ties\Open Communication with Extended Family; Rules Governing Communication; Taboos
   2. Bonding: Elaborate on Emotional Expressiveness; Parental Description of Children and Vice Versa; Family Activities: Entire vs Partial Participation
   3. Individual Differences: Families Response to Individualization\Differences
   4. Family Boundaries: Individual\Parent\Sibs

C. Social Cultural Effects (Acculturation)
   1. Influence on Family
   2. Influence on Social\Agency Connections

IV. EVALUATION

A. Characterize Aspects of Family - Environment Relationships
B. Family Achieving Balance with Surrounding?
C. Families Sources of Stress (Include Patterns)
D. Families Strengths and Weaknesses

V. SERVICE PLAN:

A. Identified Needs Resources Agency Plan
   1.
   2.
   3.
   4.
   5.

B. Potential Barriers
   1. Families Perception\Expectations\Motivation
   2. Agencies Perception\Expectations
   3. Actual (Encountered in Making Referral; Difference in Expectations vs Actual; Conflicts in Family Values vs Agency Goals)

C. Agency - Worker Context\Assessment (Include Self)
   1. Various Agency Goals (Elaborate: Similar vs Conflicting; Duplicated Efforts; Nature of Various Agency Involvement; Inter Agency Communication)
   2. Clarity of Goals
   3. Agency Appropriateness in Meeting Needs of the Family
   4. Mode of Service Delivery (Limits on Service, Intake, Number of Contacts and Content)

VI. EFFECTS\OUTCOME OF INTERVENTION

JM:br

10/29/89

Draft

INFORMED CONSENT

The attached questionnaire relates to the Stuart Foundation New Beginnings Grant awarded to the San Diego Unified School District. The statistical information requested will be used to assist in the analysis of the grant feasibility study which will be written in March of 1990.

I, the undersigned, authorize the statistical information gathered in this survey to be used in the grant feasibility report. It is further understood that the personal identity of the subject shall not be further disclosed in an individually identifiable form.

_____ _____

Signature Signature

_____

Date

NEW BEGINNINGS
FREQUENCIES OF NEEDS

F	J	
1	6	01 - Drug Rehab
0	7	02 - Individual Counseling
1	2	03 - Subsidized Housing
0	9	04 - Money Management
2	13	05 - Parenting Education
1	3	06 - Childcare
1	2	07 - AFDC Intervention (Advocate)
1	2	08 - Respite Care
1	1	09 - Family Therapy
1	5	10 - Counseling, Unspecified
1	1	11 - Emergency Housing
0	1	12 - Homeless Funds
0	4	13 - Home Management
5	1	14 - Money/Cash Assistance
1	1	15 - Clarification of Mothers/MGM's Roles
0	1	16 - Minors Socialization
1	2	17 - CPS Advocacy
1	0	18 - Everyone Out of Her Life
2	1	19 - Advocate for Parent/Not Specified
1	1	20 - Legal
0	1	21 - Utilities Intervention - Advocate
4	4	22 - Transportation Assistance
1	0	23 - Marriage Counseling
4	2	24 - Food
0	1	25 - Educational Testing/Child
1	1	26 - How to Help Child
0	3	27 - Support for Mother/Father
0	1	28 - Organization
1	0	29 - Friends
1	0	30 - AFDC Procedure Change (Bi-Monthly Payments)
2	0	31 - Move
0	2	32 - Job Training
0	1	33 - Recreation Forms
0	2	34 - Medical Testing (Completion of)
1	1	35 - ESL
1	0	36 - Agency/Resource Knowledge
3	2	37 - Housing
1	2	38 - Employment
1	1	39 - Immigration
1	1	40 - Translation Services/Interpreter
0	2	41 - Education
1	0	42 - Change in Self
2	0	43 - Help with Children
1	2	44 - Better/Routine Communications from School
1	0	45 - Understanding Medical Apts.
0	1	46 - Support for Child
48	93	

3/38/90
KLH

FREQUENCIES OF BARRIERS

* F	* J		
0	2	01	- Denial of Drug Involvement
0	2	02	- Denial of Family Problems
0	4	03	- Denial of Needing Help
0	1	04	- Conflict Between Parents
0	1	05	- Unstable Housing
0	1	06	- Mother Set Up for Failure by MGP's
1	1	07	- Childcare
1	2	08	- Lack of AFDC Forms Completion Knowledge/Timelay AFDC Orientation
1	0	09	- No Time to go for Services
1	0	10	- Lot of Red Tape
1	2	11	- Inability/Difficulty to Contact AFDC Caseworker
1	3	12	- Father's Unwillingness to Participate
0	2	13	- Mother's Minimization
0	1	14	- Counselor Waiting Time
1	0	15	- Family Co-Pay Requirement
1	1	16	- Drugs
0	4	17	- Lack of Motivation
1	1	18	- Difficult to get Services/Agency Follow-Through
0	2	19	- Inability to Reach CPS Worker
1	0	20	- Difficulty Understanding CPS Worker
1	0	21	- Community Worker Focused on Other Cases, Not Family's Problem
0	2	22	- Lack of Parental Follow-Through
1	0	23	- Fear of Disrupting Parents
0	1	24	- Referred to Services With No Results
0	2	25	- Mother is Immature, Has Marginal Ability
1	1	26	- Distrust of Agencies
1	1	27	- Tired of Directives
0	1	28	- Psychological Problems
3	0	29	- Negative View of Agency Intention
0	1	30	- Documentation
1	3	31	- Lack of Educational Skills (Writing, Reading)
5	2	32	- Transportation
1	0	33	- No Phone
3	3	34	- Lack of Awareness of Resources/System
0	1	35	- Better Interpreting Services SDCS
1	0	36	- School Too Far Away
1	0	37	- Fear for Children's Safety
0	1	38	- Knowledge of How to Deal With Minor's Spec. Needs
3	3	39	- Language
1	0	40	- Lack of Awareness Regarding Child's School Progress
0	1	41	- Emigration Status
0	2	42	- Lack of Interpretation Services
0	1	43	- Lack of Resources for Deaf
1	1	44	- Immigrant Status
1	0	45	- Not Eligible for Services
0	1	47	- Agency Limitations?
2	0	48	- Minor is "Bad"/Hopeless/Sick often: At Fault
0	1	49	- Lack of Local Drug Rehab Services
0	1	50	- Service Duplication
0	1	51	- Not Bonded With Youngest Child
0	1	52	- Mobility
1	1	53	- Mother Feels Overwhelmed/Solely Responsible
38	63		

* F = Family identified
J = Job identified

Categorization of Job's Families' Needs and Barriers

The following listings show which statements (from 01 to 46 on the Family Needs list and from 01 to 53 on the Family Barriers list) where placed in which categories.

Needs Categories

Advocacy - 07,17,19,20,21,27,30
Children's services - 06,08,25,43,44,46
Counseling - 02,09,10,15,16,23,42
Drug Rehab - 01
Food - 24
Health - 34,45
Housing - 03,11,12,31,37
Jobs - 32,38
Money - 14
Other Assistance - 39,40
Parent Education - 04,05,13,26,28,35,36,41
Social - 29,33
Transportation - 22

[No. 18, "Everyone out of her life", seemed to stand by itself, and was not categorized or used in the analysis.]

Barrier Categories

Bureaucracy - 08,10,14,18,21,24,30,35,36,50,42,43,47,49
Childcare - 07
Drug Involvement - 01,16
Education - 31,39
Housing - 05,52
Immigrant Status - 44,45
Money - 15
Parenting Skills - 22,38,40,48,51
Psychological Problems - 02,03,04,06,12,13,17,23,25,27, 28,37,46,53
System Knowledge - 08,09,11,19,20,26,29,34
Transportation - 32
Utilities - 33

WHAT WE FOUND

Working with the Families

1. The FSA felt restrained by the complexity and rigidity of the various systems and programs he had to access to help the families.

2. A major barrier to families and an area of duplication of effort for institutions is the multitude of eligibility processes required to qualify for the various programs.

3. The "under service" and fragmentation of service results in long waits to access programs and difficulty in communicating with agency staff.

4. Families are often unable to guide themselves through the various "hoops" to access services and would not have received help without the support and intervention of the FSA.

5. A major factor preventing families from utilizing existing services is a lack of trust on the part of the families towards the agencies.

6. The FSA found that being associated with the school allowed him to establish initial contact with the families. The school is seen as safe and non-threatening.

7. The FSA could only get access for his families in some situations by using his "CPS hat". Being within the DSS system officially was valuable in getting things done.

8. The FSA needed a support system outside of the school to adequately function, i.e.,

   - supervisory case consultation
   - co-worker support
   - transcribing/clerical support

9. The flexibility of being able to determine how families should be served as well as a flexible time schedule allowed the FSA the freedom to address the families problems in individualized ways.

10. The families had one common issue and that was poverty. Additionally, a history of some type of physical or substance abuse was prevalent.

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11. There was significant disparity in the needs the families identified and those identified by the FSA.

12. The families had multiple needs which required the involvement of more than one agency or program. These families therefore benefited from a coordinated, case-management approach.

13. A major barrier to effective case management is the inability of agencies to share information and provide feedback on results.

14. The families found ways to access service for basic needs (food, shelter, money) however, often did not see the need (or follow-thru for counseling, parent education, etc.

15. Case management <u>alone</u> is not the key to successsful intervention. The case manager must also be empowered by all agencies to have access to the programs and people that can help the families.

<u>Working with the School</u>

1. The provision of "health and social services" within the school environment typically falls to the counselor, nurse, and administrators.

2. The agencies most accessed by Hamilton are the police and Department of Social Services (CPS).

3. The school's knowledge of available services and referral processes is dependent on the personal knowledge of individual staff. There is no institutionalyzed process for sharing information on programs and referral procedures.

4. Many services to families within the school are specialized and need to focus more on the child and family as a whole.

5. The school is very committed to helping the children, and often feel they are alone in their attempts to solve problems.

6. The schools and agencies often have unrealistic expectations of each other. This is due primarily to a lack of information about what each other does and what limits exist.

7. Within the school setting, difficulties in communication between the various "players" working with the families lead to duplication and/or gaps in service.

8. The project needed more specific referral criteria as well as a written referral process; and to involve teachers much more in the process.

9. The school often cannot locate parents and could benefit from having access to agency records such as DSS where current address information is often available.

10. The school nurse is unable to treat children. Because of problems with family follow-thru on medical needs, this means some children do not get the care they need.

11. More involvement and feedback with classroom teachers would have improved the project operation.

12. Primary complaints from schools regarding getting help from agencies are:

    - agencies can't act fast enough
    - no feedback
    - lack of consistency among staff, i.e., staff always changing

13. There is a dual demand on school staff such as the nurse and counselor (as well as on FSA) to (1) be on-site at the school and available to meet needs there and (2) the need to go <u>to the families</u> and deal with them in their home.

14. It would be valuable to have bus tokens available at the school site to facilitate follow-thru on referrals.

Case Management/Action Research Project

What we did

1. A bilingual social worker (CPS) from Department of Social Services was selected to test this component.

2. The title of Family Services Advocate (FSA) was used to emphasize the advocate, non-CPS role of the worker.

3. The FSA was assigned to study for approximately 3 months, from mid-November to mid-February, 1990.

4. He case managed 20 families selected by the school because of the families' multi-problem, high-risk situation.

5. A family assessment/case document tool was developed.

6. Activities of the FSA included

   - completing detailed assessments of the families;
   - developing a service plan.
   - Referring for needed services
   - Providing some direct services
   - Coordinating services and follow-up on referrals
   - Providing transportation
   - Monitoring service delivery and outcome
   - Functioning as a member of the school's staff team

7. The school's involvement in the component included:

   - planning meetings prior to the placement of the worker;
   - information sharing at faculty meetings and other staff meetings;
   - assisting in the design of the referral process and criteria;
   - weekly meetings with the Principal, Vice-Principal, Counselors, and Nurse to discuss assignment of cases and progress of families;
   - assisting in design of transition plan at end of project.

8. A release of information form was developed and signed by each of the families so information could be shared between agencies.

9. A transition plan was developed to ensure an orderly transfer of responsibilities and family follow-through activities from the FSA to appropriate agencies.

DIRECTION PAGE FOR
INTERVIEWS WITH HAMILTON FAMILIES
January 3, 1990

The interview format is a compilation of County Health Department questions, Department of Social Service categories, and open-ended questions developed specifically for this study. The six areas of questions and specific directions for each are as follows:

I. PROFILE INFORMATION

While there may be more than one family structure in evidence, use the children at Hamilton and their parent/guardian as the basic family structure for identification. We would like to know about all persons at the address who would be considered permanent residents (with the family for more than a month).

II. ASSESSMENT OF HAMILTON CHILD

This section is included in order to collect data on the identified child attending Hamilton.

III. FAMILY ASSESSMENT

A variety of data on the family will be collected for demographic and other purposes.

IV. SUMMARY OF NEEDS, BARRIERS, AND HELP RECEIVED

We are asking families to respond within the timeframe of the last year. For each area of need identified by the family, please continue with these questions:

a) If you needed help in this area, where did you first go to ask for help?

b) If someone referred you to another place, where did they suggest going?

c) When you contacted _____, did you get the help you needed?
if yes, how did they help you?
if no, what made it difficult to get the help you needed?

d) When you did receive help, what was really helpful to your family?

e) What could that service do to make it easier for you to get needed help?

V. SCHOOL MEDIATION OR INTERVENTION

These questions will help the school know how its services are working. If the family worked with the social worker (Job), gear the first question to his services. If not, talk about the school staff's helpfulness in general, without singling out a particular person.

Direction Page for
Interviews with Hamilton
Families

VI. INTERVIEWER'S ASSESSMENT

This section is of great importance to us. What are your impressions of the family? Are they aware of the same needs and barriers taht you would identify for them? Are there additional services that you would recommend for them? If they have not received the kinds of services they need, is there another way they could have requested services?

NEW BEGINNINGS PROJECT
CLIENT INTERVIEWS

I. FAMILY INFORMATION RECORD DATE_____

INTERVIEWER_____ GROUP_____

Surname - Head of Household (HOH) Other Surnames for Cross Index

Language(s) Spoken

Date moved in	Street, City, Zip Code (Mobility over two years 1988-present)	Reason?	Schools Attended	Home Phone

Family Members' First Names (Include Last if Different)	Rel to HOH	Age	Ethnic code	Yrs. Edu.	Occupation/ Training	General health

Ethnic Code: 1-American Indian; 2-Asian; 3-Black; 4-Filipino; 5-Hispanic; 6-Caucasian; 7-Indo-Chinese; 8-Pacific Islander; 9-Other

Adapted from:
County of San Diego
Department of Health Services

II. ASSESSMENT OF HAMILTON CHILD

Child's Name_____ Birthdate_____

A PSYCHOSOCIAL RISK FACTORS	UNK	YES	NO	Spontaneously mentioned Agency Supports/Contact
Single Parent				
Inadequate Parent				
Parent Lacks Support System				
Parent under 18 yrs.				
Substance Abuse in Home				
Inadequate Supplies				
Family History Neglect/Abuse				

Comments:

B PSYCHOSOCIAL DEVELOPMENT	UNK	YES	NO	Spontaneously mentioned Agency Supports/Contact
Interpersonal Relationships				
Self-Esteem				
Behavior				
Discipline				
CPS Involvement (Past/Present)				
Child Care Resources				
NCAST (Home, Teaching)				
Other				

Comments:

C SAFETY	UNK	YES	NO
Home Environment			
Automobile			
Supervision			
911			
Poison Control			
Other			

Comments:

III FAMILY ASSESSMENT

A. Presenting/Identifying Problem or Need (From School's Subject Pool Data)

_____ Attendance _____ Academic _____ Emotional _____ Physical
Family's View: _____ Family Related _____ Child Related
_____ Parent Related _____ Transportation _____ Other

Explain:

Interviewer's Impression:

B. Socioeconomic Factors

House ____ Duplex ____ Apt ____ Trailer ____ Motel ____ Condition _____
No. of Bdrms. ____ Car ____ Public Transportation ____ Friend/Relative ____
Other/Comments _____ Monthly Income (Optional) ____ AFDC ____
SSI ____ Medi-Cal ____ Food Stamps ____ WIC ____ Other ____ Health Ins ____
CMS ____ CCS ____ Amnesty ____ Other/Comments_____

Comments Socioeconomic Factors

LJC:sad
LC1.5.90D

IV. SUMMARY NEEDS, BARRIERS, OUTCOMES

1. Behavioral/Mental health
2. Education/Language
3. Employment, Welfare
4. Health
5. Housing
6. Judicial
7. Physical Abuse/Neglect
8. Recreation
9. Substance Abuse

Need Identified by family	Where Go First	Where Referred	Outcome Code*	Barrier/ Help Received	How to Improve Service

*OUTCOME CODES: a-goal met; b-still working on; c-referred to another Dist., County, state; d-lost to follow-up; e-client failed to follow through; f-client refused services.

LJC:sad
LC1.5.90E

121

V. SCHOOL MEDIATION OR INTERVENTION

A. Did the staff at Hamilton (or Job) provide you with any family services, or help you find any needed family services?

B. What could Hamilton Elementary do that would make it easier for you to get needed family services?

VI. INTERVIEWER'S ASSESSMENT

LJC:sad
LC1.5.90F

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Summary of Proposed Data Match Counts
Draft 1-17-90

Preliminary Notes

- Elementary schools for which data will be matched include: Hamilton Elementary School, the feasibility study school, and all other elementary schools in the same zip code 92105, which include Carver, Central, Edison, Euclid, Marshall, Oak Park, Rowan
- Want to know for each question whether there are differences by ethnic group (significant groups would include Black, Hispanic, Indochinese, White + Portuguese)
- Want unduplictated counts
- "Household" equals the student, student's siblings, and student's parents/guardians
- The school district's programs include Free/Reduced Price Lunch, Special Education, Limited English Proficiency (LEP), Voluntary Ethnic Enrollment Program (VEEP), Magnet program
- "Each program" refers to the school district programs listed above and all of the programs listed for Department of Social Services, Probation Department, and Housing Commission on the attached sheet.
- ** means a phase two match

What We Want to Know

1) A. The number of households from each school that show up in programs in the school district and each agency. (Example: 50 Hamilton students are in CPS.)

B. The percentage of households from each school that show up in programs in the school district and each agency. (Example: 20% of all households at Hamilton are know to CPS.)

** C. Comparison of the caseload percentage of households found at each school in each program compared to the caseload percentage for each program countywide. (Example: 25% of Hamilton households are known to CPS compared to 12% of households countywide.)

2) A. The number of households from each school that show up in multiple programs, within each agency and across agency (2 programs, 3 programs, 4 programs, 5+ programs)
(Example: 75 households in 2 programs, 50 households in 3 programs ....)

B. The percentage of households from each school that show up in multiple programs, within each agency and across agency. (Example: 80% of Hamilton families show up in more than two programs, 60% show up in more than three programs ....)

C. The number and percentage of households at each school that are known to each of the three agencies. (Example: 600 households or 60% of the households at Hamilton are known to 2 agencies, 300 households or 30% are know to 3 agencies.)

** D. The percentage of multiple program households at each school compared to the percentage of multiple program families countywide. (Example: 10% of Hamilton households are in multiple programs compared to 5% countywide.)

** E. The distribution of combinations of programs received/used by each school's students/families. (Example: 50% of Hamilton students/families receiving/using 2 or more programs were receiving AFDC and Free/Reduced Lunch assistance.)

3) A. The number of students at risk or retained at each school whose households are known to no programs outside of school district, one program, 2 programs, 3 programs, 4 programs, or 5+ programs. (Example: Of the 250 students identified at risk at Hamilton, 20 are in no programs, 50 are known to one program, 80 are known to 2 programs, 60 are known to 3 programs, 30 are known to 4 programs, and 10 are known to 5+ programs.)

B. Same item, but for those known to each of the three agencies

C. Same item, but using CTBS and La Prueba test score indicators rather than at risk/retained.

D. The number and percentage of each school's students who are at risk and/or retained who are part of GAIN households. The distribution of CTBS and La Prueba test scores of each school's students who are part of GAIN households.

4) A. The number and percentage of students who are stable vs. those who are mobile whose households are known to each program. (Example: 30 Hamilton students or 10% of stable students' households are receiving AFDC Homeless assistance compared to 80 students or 25% of mobile students' households who are receiving AFDC Homeless assistance.)

B. The number and percentage of stable vs. mobile students whose households are known to no programs, one program, 2 programs, 3 programs, 4 programs, 5+ programs. (Example: 50 Hamilton students or 15% of stable students' households are known to 2 or more programs compared to 80 students or 25% of mobile students' households.)

C. Same item as B, but know to one agency, two agencies, or all three agencies.

D. The number and percentage of each school's stable vs. mobile students who are at risk and/or retained. The number and percentage of stable vs. mobile students who are at risk and/or retained who are known to no programs, one program, 2 programs, 3 programs, 4 programs, 5+ programs.

** E. The distribution of combinations of programs received/used by each school's students/families who are stable compared to those who are mobile? (Example: 20% of stable students' households who are known to 2 or more programs were in Adult Probation and CPS compared to 10% of mobile students.)

5) A. The number and percentage of LEP students whose households are known to each agency's programs.

B. The number and percentage of LEP students whose households are known to each agency's programs compared to those students whose households are not LEP.

C. The number and percentage of LEP students whose households are known to no programs, one program, 2 programs, 3 programs, 4 programs, or 5+ programs compared to those whose households are not LEP.

D. The number and percentage of LEP students whose households are know to one, two or all three agencies compared to those whose households are not LEP.

E. The number and percentage of LEP students who are at risk or retained and whose households are known a) to each agencies programs and b) to no programs, one program, 2 programs, 3 programs, 4 programs, or 5+ programs compared to those whose households are not LEP.

6) Same issue as #5 for those who are resident students to each school but who bus out of each school (VEEP and Magnet students) compared to those who are resident students and attend each school.

7) Same as question #5 for those who are Special Education students compared to those who are not designated Special Education.

8) Other

DATA MATCH PROJECT

What We Did

- Matched data from Hamilton Elementary School with caseload files from:
  - Department of Social Services programs
  - Probation Department (Juvenile and Adult)
  - Housing Commission (Section 8 and Public Housing)
- Department of Social Services developed the database program and conducted the match with data tapes supplied by San Diego City Schools, Probation Department, and Housing Commission. All expenses were contributed in-kind by each agency.
- Data match parameters
  - Data produced for all households with children who live in the Hamilton attendance area
  - Data produced by racial/ethnic group
  - Data are a snapshot of one point in time and are not cumulative
- Questions developed to guide data match focus on these issues:
  - Number of clients known to:
    - each agency's programs
    - multiple programs
    - multiple agencies
  - Whether Limited-English Proficient, Special Education, and Bused student' households are more likely to be known to agency programs than those not in these special categories
  - Whether households of students at risk or low test scores are more likely to be known to agencies than those not at risk or with low test scores

What We Learned

- 1,599 students (1,248 who attended Hamilton) translated into 1,143 households. Of these 1,143 households, 915 had students who attended Hamilton and 228 had students who were bused to other schools.
- Of the 1,143 households in the Hamilton attendance area:
  - 46.0% (526) were known to AFDC (African American and Indochinese households were overrepresented and Latino households were underrepresented in proportion to their representation of all households)
  - 83.7% (957) were certified for Free and Reduced Lunch (no substantial racial/ethnic over- or underrepresentation)

- 20% (229) were known at some point in the past seven years as a referral to the Child Protective Services hotline. (African American and White households were overrepresented and Latino and Indochinese households were underrepresented), through only 2.1% of the CPS cases active at the time of this match

- 16.9% (193) were known to GAIN (the same racial/ethnic over- and underrepresentation as AFDC)

- 7.8% (89) were known to Section 8 housing (67.7% were African American); an additional 8.2% (94) of the households were known to the Housing Commission's waiting list.

- 5.2% (59) were known to Adult Probation (Latino households were overrepresented and Indochinese households under-represented in comparison to their proportion of all households)

- Despite the high number of Indochinese households living in the Hamilton attendance area, no families were identified as receiving refugee assistance from DSS.

- 37.4% (428) households were not known to any agency program (DSS, Probation, Housing), and 62.6% (715) were known to at least one program.

  - Of the 715 households known to at least one program, 22.1% (158) were known to one program, 29.4% (210) were known to two programs, 27.5% (202) were known to three programs, and 16.5% (118) were known to four programs.

  - Bused household were proportionately less likely to be known to any agency or agency program than households of students who attended Hamilton. The same was not true for households of Limited-English Proficient (LEP) or Special Education students.

- Of the 193 Hamilton and bused students designated "at risk" of being retained in the same grade, 46.6% (90) were known to DSS and 18.7% (36) were known to DSS and Housing. Of the students "at risk" known to DSS, 37.8% (34) were Latino; of those known to DSS and Housing, 64.1% (25) were African American.

These data are considered to be reasonably representative of Hamilton student families. There may be some over-counting due to the limited nature of the match, and some under-counting due to the presence of household members whose surname is not the same as that of the child or parent. The reader is reminded that this match was conducted using information from only three of the participating agencies.

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NEW BEGINNINGS: Hamilton Elementary School Attendance Area

Data for Data Match: Counts and Percentages

Household Counts by Program and Racial/Ethnic Group:

Program	Total Households		African American		Indochinese		Latino		White	
Totals	1143	100.0	334	29.2	194	17.0	392	34.3	176	15.4
F/R Lunch	957	83.7	278	29.0	180	18.8	338	35.3	121	12.6
AFDC	526	46.0	197	37.5	134	25.5	107	20.3	70	13.3
Foster	12	1.0	6	50.0	0	0.0	1	8.3	5	41.7
Childrens	31	2.7	11	35.5	2	6.5	6	19.4	12	38.7
CPS/Pendg	229	20.0	88	38.4	28	12.2	59	25.8	47	20.5
GAIN	193	16.9	84	43.4	42	21.8	37	19.2	19	9.9
Prob Adult	59	5.2	21	40.4	3	5.1	28	47.5	7	11.9
Prob Juv	1	0.0	0	0.0	0	0.0	0	0.0	1	100.0
Hous Public	26	2.3	11	42.3	2	0.0	12	46.2	1	3.8
Hous Sec 8	89	7.8	62	69.7	11	12.4	12	13.5	2	2.2
Hous Wait List	83	7.3	39	47.0	9	11.0	28	33.7	5	6.0

Household Counts by Special Population and Program:

Program	Total Households		AFDC		GAIN		Probation Adult		Housing Section 8	
Total	1143	100.0	526	46.0	193	16.9	59	5.2	89	7.8
LEP	450	39.4	192	42.7	58	12.9	0	0.0	19	4.2
NON LEP	693	60.6	334	48.2	135	19.5	34	4.9	70	10.1
LEP At Risk	62	34.8	27	43.5	7	11.3	3	4.8	2	3.2
NON LEP/ At Risk	116	65.2	67	57.8	32	27.6	3	2.6	21	18.1

Program	Total Households		AFDC		GAIN		Probation Adult		Housing Section 8	
BUSED	301	26.3	99	32.9	37	16.2	19	6.3	28	9.3
NON BUS	842	73.7	427	50.7	156	18.5	40	4.8	61	7.2
BUS At Risk	54	30.3	25	46.3	8	14.8	1	1.2	7	13.0
Non Bus/ At Risk	124	69.7	69	55.7	31	25.0	5	4.0	16	12.9
SP.ED.	124	10.9	55	44.4	24	19.3	9	7.0	14	11.3
NON SP.ED.	1019	89.2	471	46.2	169	16.6	50	4.9	75	7.4
SP.ED./Risk	43	24.2	20	46.5	7	16.3	2	4.7	6	14.0
NON SP.ED/ At Risk	135	75.8	74	54.8	32	23.7	4	3.0	17	12.6

Household Counts by Participation in Programs:

	No Progs		1-5+ Progs		1 Program		2 Progs		3 Progs	
Total	428	37.4	715	63.0	158	13.8	210	18.4	202	17.7
LEP	182	40.4	268	60.0	58	12.9	112	24.9	72	16.0
NON LEP	246	36.0	447	64.5	100	14.4	98	14.1	130	18.8
LEP Risk	17	27.4	45	72.6	12	19.4	16	25.8	15	24.2
NON LEP/ At Risk	32	28.0	84	72.4	13	11.2	15	12.9	27	23.3
BUSED	144	47.8	157	52.2	55	18.3	30	10.0	40	13.3
NON BUS	284	33.7	558	66.3	103	12.2	180	21.4	162	19.2
BUS At Risk	18	33.3	36	66.7	9	16.7	11	20.4	8	14.8
NON BUS/ At Risk	31	25.0	93	75.0	16	12.9	20	16.1	34	27.4

	No Progs		1-5+ Progs		1 Program		2 Progs		3 Progs	
SP.ED.	44	35.5	80	64.5	22	17.8	10	8.1	28	22.6
NON SP.ED.	384	37.7	635	62.3	136	13.3	200	19.6	174	17.1
SP.ED./Risk	13	30.2	30	69.8	7	16.3	5	11.6	12	27.9
NON SP.ED./ At Risk	36	26.7	99	73.3	18	12.4	26	17.9	30	20.7

Household Counts by Special Population and Agency:

Program	Total Households		No Agencies		DSS		Adult Probation		Housing	
Total	1143	100.0	428	37.4	473	41.4	26	2.3	36	3.1
LEP	450	39.4	182	40.4	191	42.4	11	2.4	16	3.6
NON LEP	693	60.6	246	35.5	282	40.7	15	2.2	20	2.9
BUS	301	26.3	144	47.8	87	28.9	11	3.7	12	4.0
NON BUS	842	73.7	333	39.6	386	45.8	15	1.8	24	2.9
SP.ED.	124	10.8	57	46.0	50	40.3	5	4.0	2	1.6
NON SP.ED.	1019	89.2	384	37.7	423	41.5	21	2.1	34	3.3

Student Counts by Reading Levels and Participation in Programs:

	No Progs		1-5+ Progs		1 Program		2 Progs		3 Progs	
Reading 1	34	28.8	46	38.0	8	6.8	17	14.4	13	11.0
Reading 5	40	24.8	73	45.3	13	8.1	16	9.9	19	1.2
Reading 9	28	26.7	47	44.8	8	7.6	7	6.7	15	14.3

Student Counts by Reading Levels and Participation in Programs (cont'd):

	No Progs		1-5+ Progs		1 Program		2 Progs		3 Progs	
Math 1	1	50.0	1	50.0	0	0.0	0	0.0	1	50.0
Math 5	21	33.9	41	66.1	8	12.9	11	17.7	10	16.1
Math 9	45	38.8	71	61.2	14	12.1	12	10.3	28	24.1

Counts of Students At Risk:

	Students		No Agencies		DSS		Probation		Housing	
At Risk	193	100.0	53	27.5	90	46.6	2	1.0	8	4.1
African American	70	36.3	12	17.1	27	38.6	0	0.0	5	7.1
Indochinese	17	8.9	2	11.8	14	82.4	0	0.0	0	0.0
Latino	74	38.3	26	35.1	34	45.9	2	2.7	3	4.1
White	27	14.0	12	44.4	12	44.4	0	0.0	0	0.0

HAMILTON ELEMENTARY SCHOOL MIGRATION STUDY

PURPOSE OF STUDY

Reducing student mobility to the district average is one of the long-term goals listed in the New Beginnings feasibility study proposal to the Stuart Foundations. Hamilton Elementary School had the highest mobility index in the San Diego City Schools in school year 1987-88. Understanding how many families move into and out of Hamilton, which schools they come from before attending Hamilton and move to after leaving the school, how frequently they move, and how long they are at the school before moving is part of the analysis that can lead to solutions for working to support and stabilize highly mobile families.

The Hamilton Elementary School Migration Study provides an in-depth look at student attendance patterns for one district school. This study provides objective information. The Client Interview and Action Research components of the New Beginnings feasibility study should provide information on the reasons for student and family mobility.

HOW STUDY WAS CONDUCTED

The New Beginnings project team contracted with Dr. Peter Bell, Educational Researcher in the school district's Research Department, to conduct the migration study. Dr. Bell conducts the district's annual study of student mobility and stability rates. The project team requested that Dr. Bell generate data reports to respond to the following questions, providing totals and breakdowns by racial/ethnic group.

- What is the migration pattern of schools attended by Hamilton students? What schools do students attend before moving to Hamilton and what schools do they attend after leaving Hamilton?
- How much time do Hamilton students spend at Hamilton before leaving the school?
- What is the distribution of students who are stable or mobile at Hamilton, who attend more than one school in addition to Hamilton during the school year?
- How many students attend Hamilton, leave to attend another school, then return to Hamilton during the same school year?

Data are presented for African American, Indochinese, Latino, and White students. Students from other racial/ethnic groups made up less than three percent of the total school population. The most current data, information from the 1987-88 school year, were used for the study.

STUDY FINDINGS

In school year 1987-88, Hamilton Elementary School was a single-track, year-round school. The district's official student count shows that 895 students attended the school as of a single October reporting date, though 1,118 students attended the school at some point during the year. The following is a comparison of Hamilton's racial/ethnic population in school years 1987-88 and 1989-90 from official district reports. The Latino and Indochinese populations have increased dramatically, the African American and White population have dropped significantly, and the other mostly Asian and Filipino ethnic students have increased somewhat.

	African American	Indochinese	Latino	White	Other
1987-88	29.6%	20.4%	29.3%	17.8%	2.9%
1989-90	24.7%	24.0%	34.1%	13.5%	4.7%

Schools Students Attended Before and After Hamilton

The highest concentrations of students who moved from another district elementary school to Hamilton, and from Hamilton to other district elementary schools were in schools either adjacent to Hamilton's boundaries or within the eastern section of the Mid-City community. Additionally, students appeared to move from mostly Barrio schools to Hamilton, but left from Hamilton to mostly Southeast schools. (See attached maps for illustration of migration patterns). The following is a listing of these schools with other pertinent information.

Schools students attended immediately before Hamilton:

Of the 255 students who were in this sample from 50 schools, 39% were African American, 29% were Latino, 16% were White, and 15% were Indochinese.

Adjacent to Hamilton		Other Mid-City		Southeast/Barrio	
Euclid	21	Jackson	16	Sherman	15
Central	18	Carver	10	Brooklyn	11
Marshall	14	Adams	9	King	11
Edison	9			Emerson	9

Schools students attended immediately after Hamilton:

Of the 306 students who were in this sample from 55 schools, 44% were African American, 19% were Indochinese, 18% were Latino, and 18% were White.

Adjacent to Hamilton		Other Mid-City		Southeast/Barrio	
Euclid	43	Jackson	16	Horton	13
Central	27	Rolando Park	11	Encanto	10
Edison	16			Brooklyn	8
Marshall	10			Kennedy	8

Amount of Time Students Spent at Hamilton Before Leaving

Almost one-third of the students attended 60 days or less of school at Hamilton, one-fifth of the students between 60 and 120 days of school at Hamilton, and a bare majority of the students attended Hamilton from 120 days to 180 days. African American students left school in the largest numbers in the first trimester, followed almost evenly by Latino and White students. Almost one-third each of African American and Latino students left school in the second trimester. Latino students were the most stable and White students the least stable as reflected by students staying in school for part or all of the final trimester.

Days	% Total Students	African American	Indochinese	Latino	White
1 - 60 days	28%	38.4%	14.6%	24.6%	23.3%
60 - 120 days	22%	33.8%	16.2%	30.8%	18.2%
120 - 180 days	50%	25.6%	23.1%	32.5%	15.0%

Hamilton Students Who Stayed and Left

Hamilton had the highest "mobility index" profile and the lowest "stability rate" for elementary schools during the 1987-88 school year. The New Beginnings project wanted to conduct a more in-depth examination of those students who attended Hamilton for the entire school year and those who left at some point during the year.

In this study, a "stable" student is defined as being at Hamilton as of the sixth day of school and attending the school through the 175th day of the year. A "mobile" student is defined as being at Hamilton as of the sixth day of the school year and leaving the school before the 175th day of the year. An "other" student is defined as having entered Hamilton, most likely from outside the school district, after the sixth day of the school year.

Students who started and completed the school year at Hamilton. The school district's stability rate for 1987-88 was 83.3% (the percentage of students who started and completed the school year at Hamilton). The rate for Hamilton was 65.6%. Racial/ethnic group stability rates at Hamilton were significantly below the rates for the groups in the district. Looking at Hamilton alone, the stability rate for Latino students was significantly higher than the rate for the school as a whole; the rates for African American and White students were significantly below the rate for the school. The stability rate for Indochinese students was the same as the rate for the school as a whole.

	Total	African American	Indochinese	Latino	White
Totals for District	83.3%	78.1%	85.7%	82.2%	84.1%
Hamilton	65.6%	59.2%	65.3%	76.7%	51.4%

Of the 1,118 students who attended Hamilton at some point during the school year -- students who are the major focus of this study -- 470 were stable. Latino students (38%) were the most stable and White students (15%) were the least stable. Indochinese students were the second most stable group (24%), followed by African American students (19%).

Students who started the year at Hamilton but left Hamilton or the district. Of the 1,118 students who attended Hamilton at some point during the school year, 246 students were mobile. White students were the most mobile (27%), and Latino students (22%) were the least mobile -- the opposite picture, as is to be expected, to the stability scenario. African American students were the second most mobile group (24%), followed closely by Indochinese students (25%).

Almost 54% (132) of the 246 mobile Hamilton students started the school year at the school and finished the school year at another district school. The table below shows that the vast majority of these students (105) attended Hamilton and one additional school. The numbers are roughly equal across racial/ethnic group. However, about 20% of these students attended two or more schools after leaving Hamilton.

	Total Students	African American	Indochinese	Latino	White
Hamilton + 1 school	105	27	24	30	24
Hamilton + 2 schools	20	8	7	4	1
Hamilton + 3 schools	6	2	0	1	3
Hamilton + 4 schools	1	0	0	1	0

About 46% (114) of the 246 mobile Hamilton students started the school year at Hamilton but left the district before the end of the school year. Most of these 114 students attended Hamilton then left the district without attending another district school before the end of the school year. Over one-third of these students were White, and another 28% were Indochinese. Of the students who attended Hamilton and more than one other school before leaving the district, over two-thirds were African American, about one-third were White, and none of these students were Indochinese or Latino.

	Total Students	African American	Indochinese	Latino	White
Hamilton	101	16	28	18	35
Hamilton + 1 school	9	7	0	0	2
Hamilton + 2 schools	4	2	0	0	2

Students who did not start the school year at Hamilton. Of the 1,118 students who attended Hamilton at some point during the school year, 402 students did not start the school year at Hamilton. According to Dr. Bell, many of these students came to Hamilton from outside the district, though some likely started at the beginning of the traditional school year which starts later than the year-round calendar.

Over 80% (324) of the 402 "other" students did not start the school year at a district school but finished the school year at a district school. Of these 324 students, 240 came to Hamilton and completed the school year at Hamilton -- over one-third African American and just under one-third Latino. Sixty-eight (68) students came late to Hamilton, moved to one other school, and completed the school year in the district. Over half of these students were African American. Sixteen (16) students, 75% African American, came late to Hamilton and attended two or more additional schools before completing the year in the district.

	Total Students	African American	Indochinese	Latino	White
Hamilton	240	73	42	85	35
Hamilton + 1 school	68	38	9	16	4
Hamilton + 2 schools	13	9	2	2	0
Hamilton + 3 schools	3	3	0	0	0

About 20% (78)of the 402 "other" students neither started nor finished the year at a district school. Sixty-four (64) of these 78 students came late to Hamilton then left the district -- over 40% African American and over 35% White. Fourteen (14) students came late to Hamilton, then attended one or more additional schools before leaving the school district prior to the close of the school year. Almost 60% of these students were African American and 40% were White. None were Indochinese or Latino.

	Total Students	African American	Indochinese	Latino	White
Hamilton	64	27	1	12	23
Hamilton + 1 school	9	6	0	0	3
Hamilton + 2 schools	4	1	0	0	3
Hamilton + 3 schools	1	1	0	0	0

Students Who Attended Hamilton More Than Once

Twenty-four students attended Hamilton, attended one or two additional schools, then returned to Hamilton at some point during the school year. About one-third each of these students were African American and White., and about 20% each were Indochinese and Latino.

	Total Students	African American	Indochinese	Latino	White
Hamilton-1-Hamilton	20	6	5	4	5
Hamilton-2-Hamilton	4	2	0	0	2

MAJOR FINDINGS

The following are major findings from the Hamilton Elementary School Migration Study:

- Large numbers of Hamilton students migrated to and from the school from the Mid-City community. Many students also migrated to Hamilton from the Barrio area, but appeared to leave Hamilton and migrate to Southeast schools.
- About 28% of Hamilton's students attended the school for less than 60 days; over 50% of Hamilton's students attended the school more than 120 days.
- Latino and Indochinese students are the fastest growing populations at Hamilton and also were the most stable of the four major racial/ethnic groups at the school.
- While only about 40% of Hamilton's students were stable, another 20% of the students came to the school at various times during the year but stayed at Hamilton for the remaining portion of the school year.
- Just over 17% of Hamilton's students left the district before the end of the school year.
- About 23% of Hamilton's students attended Hamilton and at least one other district school during the school year.

CONCLUSIONS

The following are major conclusions drawn from the study:

- There is a myriad of student subpopulations at Hamilton Elementary School. Gaining a greater understanding of the profile of each major subpopulation is vital to designing educational and human services.
- The migration of students to and from schools adjacent to Hamilton and within the Mid-City community has major implications for the design of educational and human services and the drawing of school attendance and human service boundaries.
- The migration of significant number of Hamilton students into and out of the school district has major implications for coordination and planning with surrounding school districts.

Study prepared by Ronald L. Ottinger based on data produced by Dr. Peter Bell.

PROJECT DESCRIPTION

AND

HAMILTON SUMMARY INFORMATION

SAN DIEGO CITY SCHOOLS
Office of the Deputy Superintendent

NEW BEGINNINGS - AN OVERVIEW

New Beginnings is a unique interagency collaborative involving the City and County of San Diego, the San Diego Community College District, and San Diego City Schools. The collaborative has grown from a realization that the four participating agencies serve children, youth, and their families, and:

- Share common clients.
- Serve children and adolescents within fiscal systems pressed to their limits.
- Need to understand the services and resources of the other agencies.
- Need to check the assumptions of common clients, services gap, and possible duplication of services.

New Beginnings has been in existence since June 1988 when the director of Social Services for San Diego County initiated discussions with the superintendent of San Diego City Schools and other executives of public sector agencies. The initial meeting included 28 managers representing the diversity of services provided to children, youth, and families. The group decided to focus attention of the collaborative on Hoover High School and its feeder elementary and middle schools in San Diego's multiethnic, densely populated Mid-City area. While initial efforts focused on awareness of each agency's services in the area, the discussions inevitably turned to issues of fragmentation of services and unmet needs of the clients.

The collaborative effort seeks:

- To improve existing services.
- To develop alternative strategies and approaches to respond to client/community needs.
- To bring about institutional change through closer working relationships and policy development/revision.

New Beginnings functions as a committee of the whole which meets quarterly at the sites of various member agencies. Task groups organized by the collaborative have investigated and proposed interagency solutions to issues of data sharing, school attendance, and teenage pregnancy. Most recently, the collaborative has begun a feasibility study for a "one-stop shop" for agency services at or near an elementary school in the Hoover High School attendance area.

The New Beginnings Feasibility Study, funded by the Stuart Foundations, is an "action research" project to investigate the need for integrated services for children and their families. The project will place a social worker from the County Department of Social Services at Hamilton Elementary School on a short-term basis to work with a small number of families as a "family services advocate" to investigate the families' needs for additional services and the barriers they experience to working with the existing system. The feasibility study will also seek to:

NEW BEGINNINGS

HAMILTON ELEMENTARY SCHOOL

SEPTEMBER 28, 1989

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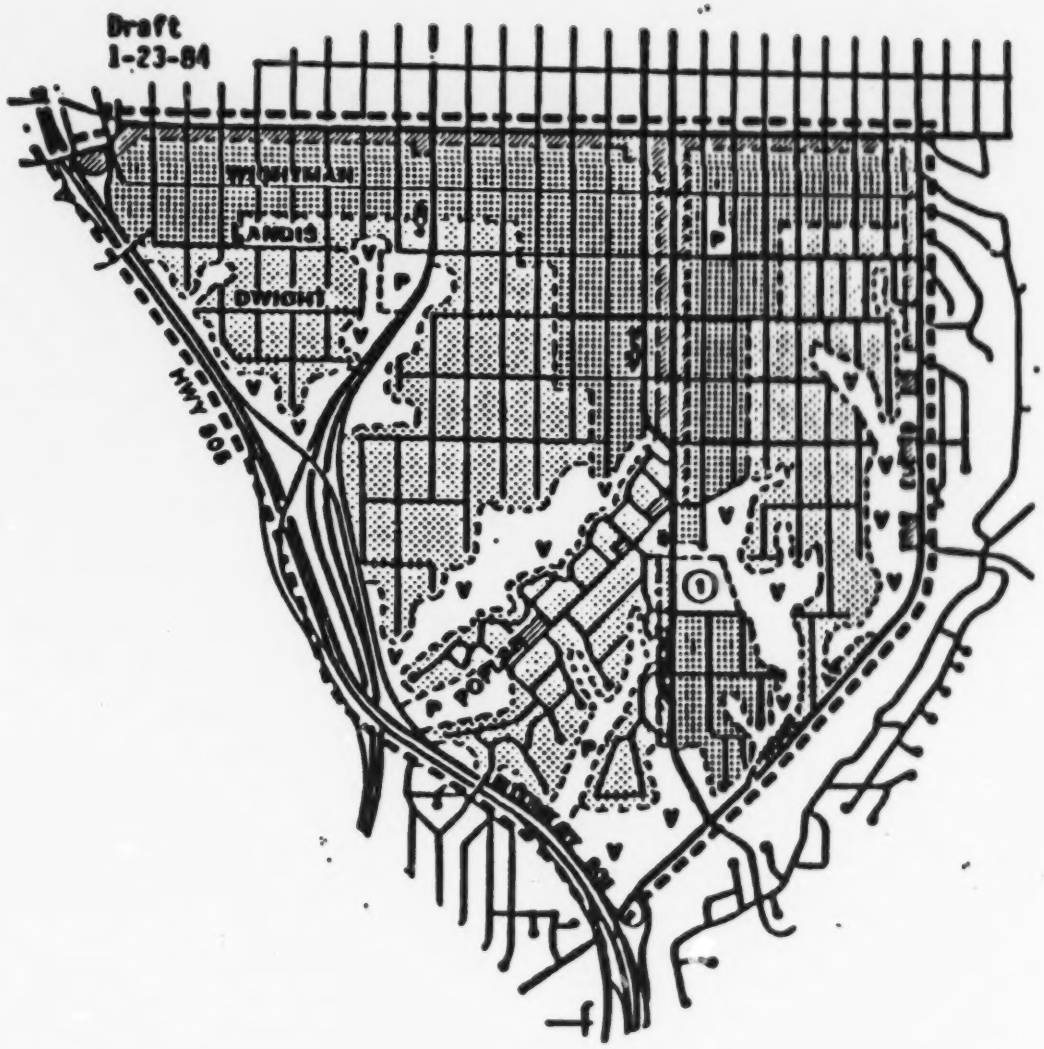


EXISTING LAND USE

MID-CITY City Heights

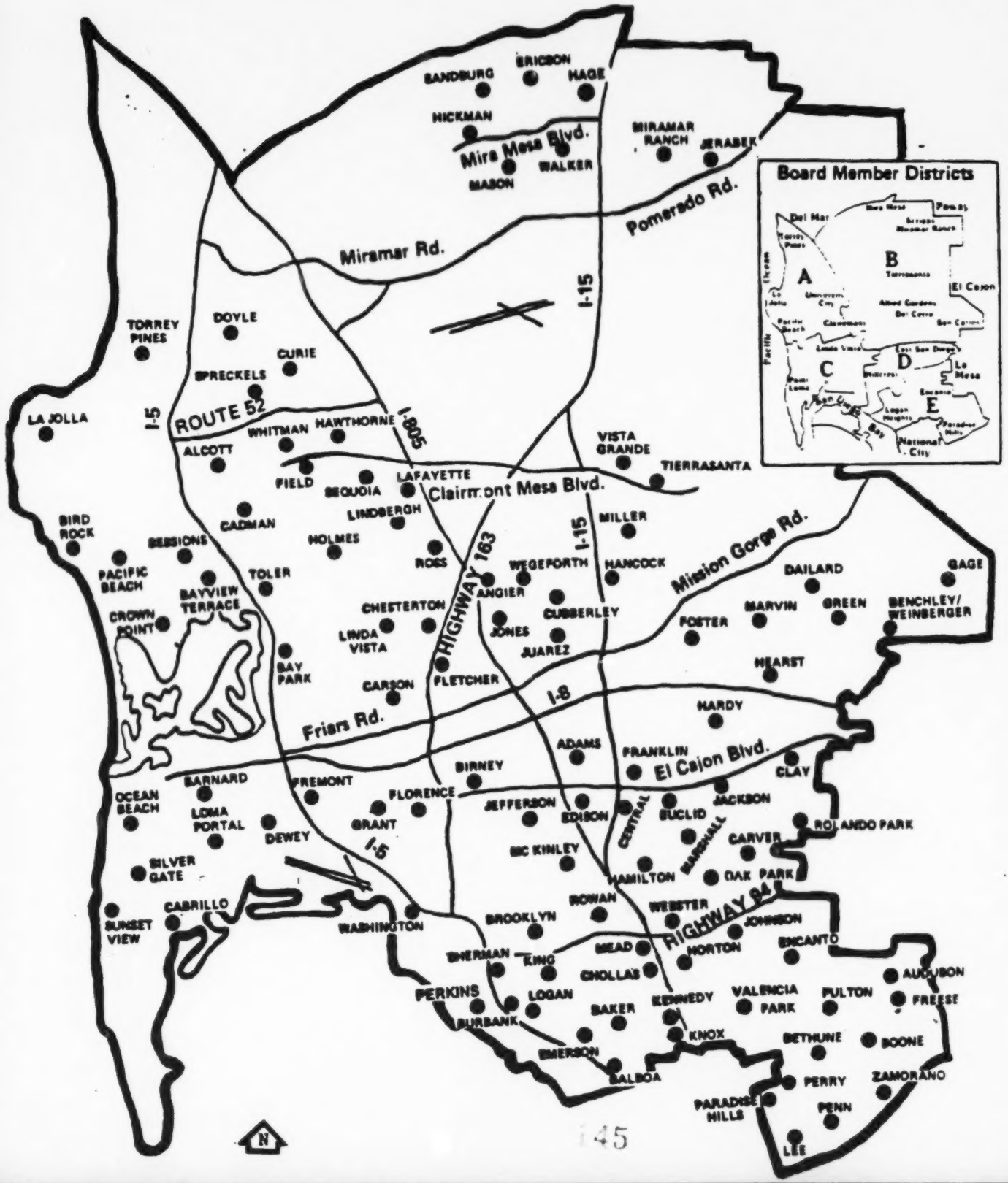
PLANNING DEPARTMENT • CITY OF SAN DIEGO

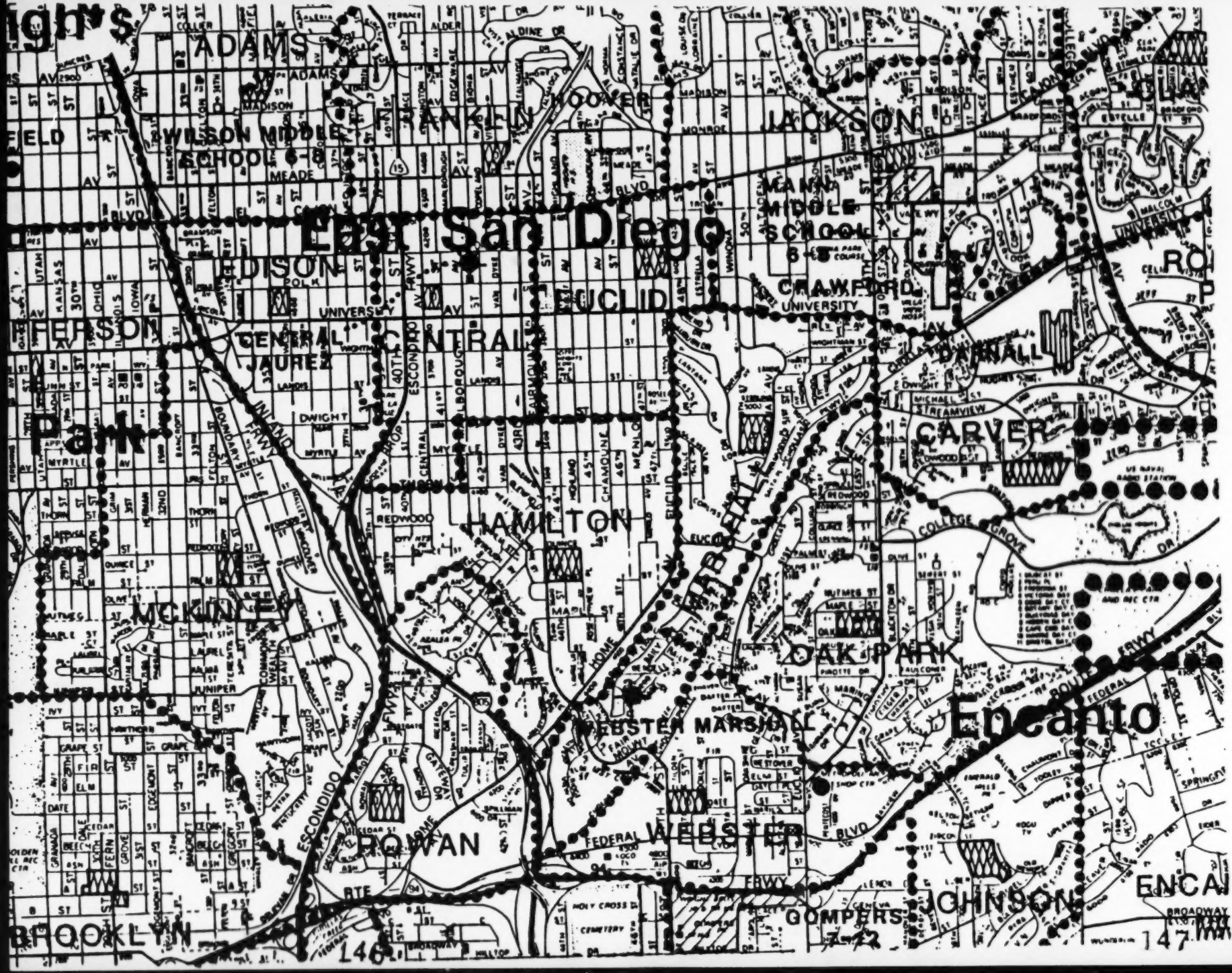
C-71

SAN DIEGO CITY SCHOOLS

Elementary Schools 1990-91

(Your neighborhood school of attendance is determined by your street address. When you have a local address, the district's Boundary Information at 293-8010 can assist you.)

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WILSON MIDDLE SCHOOL 6-8
MEADE
FRANKLIN
HOOVER
JACKSON
MANN MIDDLE SCHOOL 6-8
East San Diego
EDISON
EUCLID
CRAWFORD
UNIVERSITY
CENTRAL
CENTRAL
JAUREZ
DARNALL
CARVER
Park
HAMILTON
MCKINLEY
COLLEGE GROVE
OAK PARK
Encanto
WEBSTER
MARSHALL
ROWAN
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BROOKLYN
GOMPERS
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ENCA
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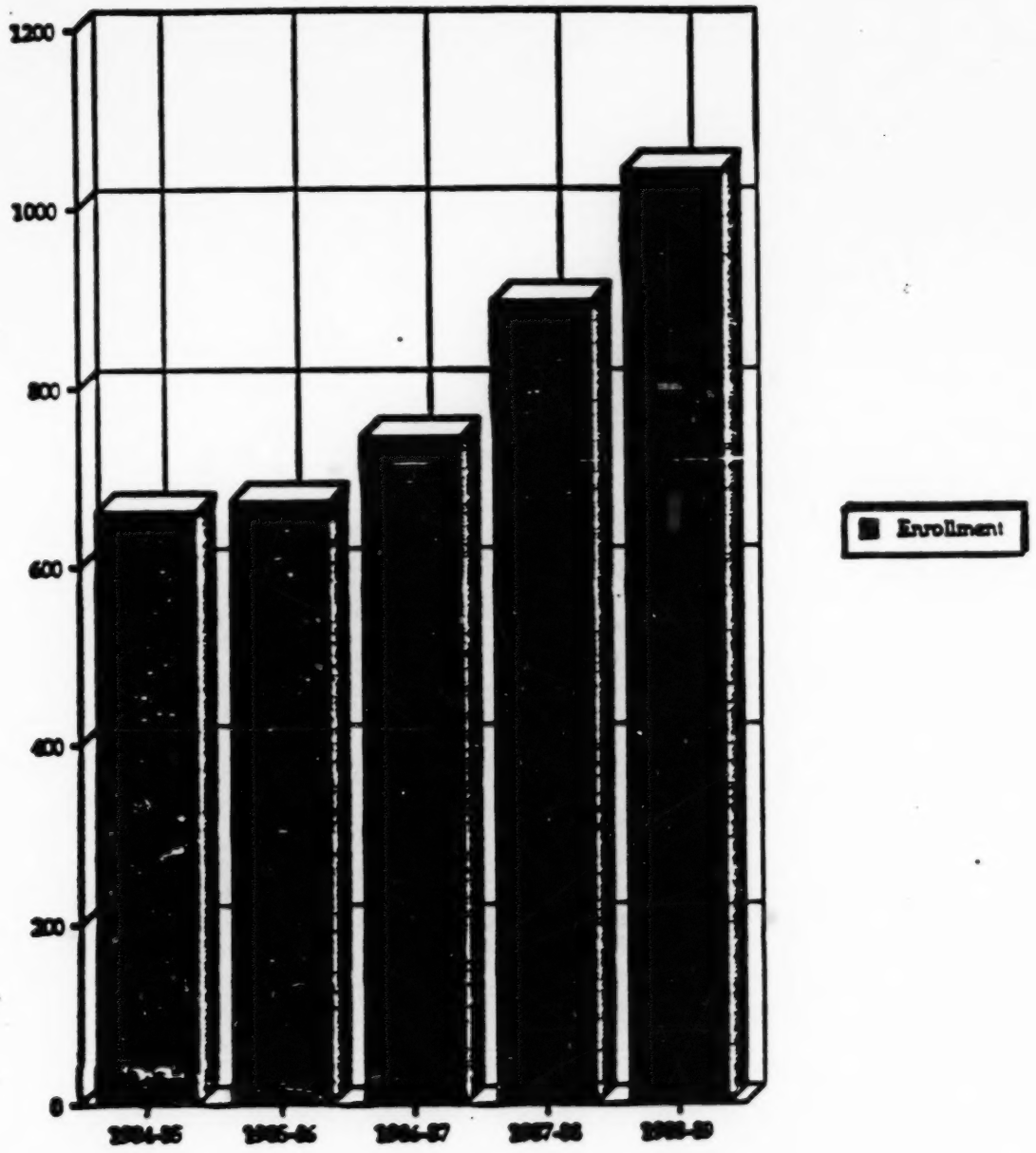
HAMILTON ELEMENTARY
ENROLLMENT



Source: SDCS School Profile - 9/19/89

HAMILTON ELEMENTARY

Grades: K-5
Calendar: Year-Round Multi Track
Enrollment:

Year		
84-85	660	
85-86	672	
86-87	745	
87-88	895	
88-89	1,040	(Male=536 Female=504)

YEAR	ATTENDANCE		SUSPENSIONS	MOBILITY
88-89	Absences	Nonapp		
84-85	9,576	2,875	39	121.2%
85-86	9,279	2,554	41	129.3%
86-87	9,902	3,746	30	126.6 %
87-88	13,164	4,959	10	151.0%
88-89	16,135	5,136	10	

STABILITY

Stable	*Mobile*	*Late Entry*
470	246	282

Stable - enrolled from the first day of school through the last day of the semester.
Mobile - enrolled the first day of school but not on the school roster at the end of semester.
Late Entry - Enter mid-semester or after the sixth day of class and/or may not be the end of the semester.

FREE AND REDUCED LUNCH PROGRAM

MAY 84	*MAY85*	*MAY86*	*MAY 87*	*MAY 88*	*MAY 89*
69.4%	78.3%	80.6%	81.7%	76.7*%	91.6%

July 1989 Reapplication qualifiers: 870 students = Free lunch program
118 students = Reduced lunch program

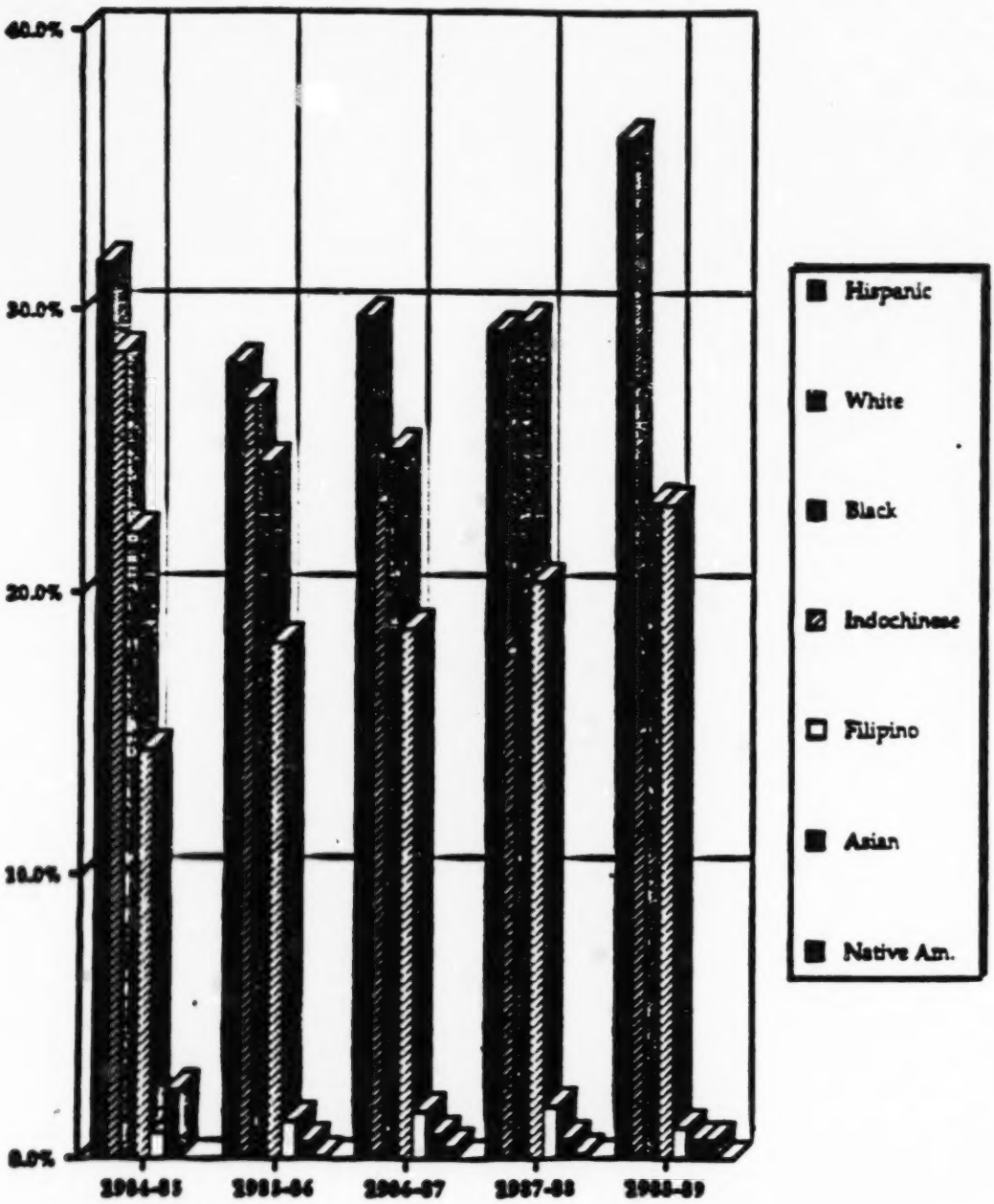
CHAPTER ONE STUDENTS - as of October 10/28/88

LEP-X	*RDG/MATH*	*RDG*	*MATH*	*S.E.U.*
754	500	88	68	1,410

Two points were given for each LEP-X and RDG/MATH student.
Hamilton's enrollment Oct. 7, 1988= 1,040
Hamilton's enrollment September 26, 1989 = 1,235

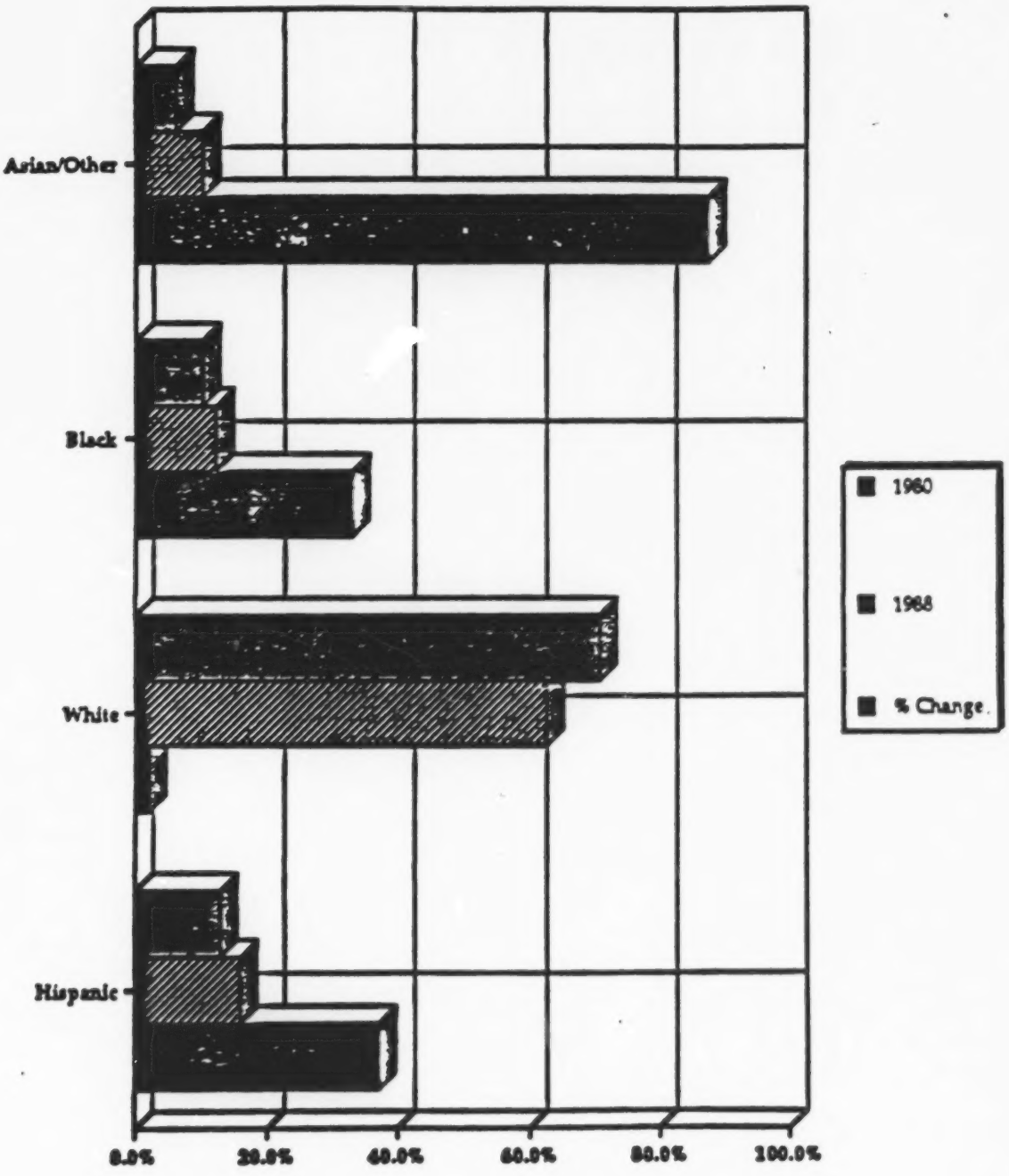
LANGUAGES
There are 21 different languages spoken by the students at Hamilton Elementary

HAMILTON ELEMENTARY SCHOOL
ETHNIC DISTRIBUTION



1984-85 Asian includes Pacific Islanders
Source: SDCS School Profile - 9/19/89

1980-88 Comparison of Ethnicity by Subregional Area (Mid City)



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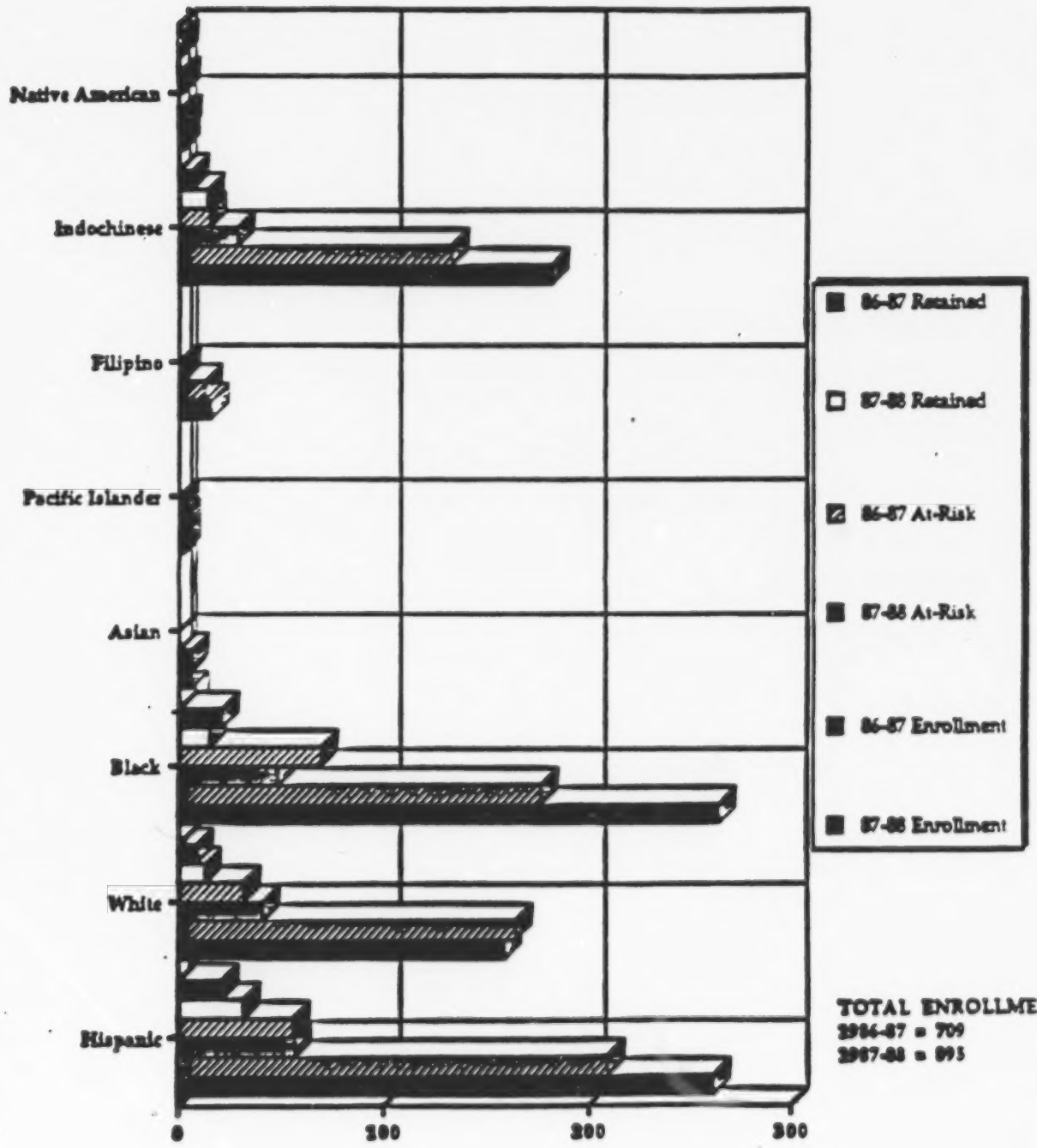
Source: SANDAG -Estimates of Demographic Characteristics by Subregional Area (January 1, 1988)

HAMILTON ELEMENTARY
AT-RISK AND RETAINED STUDENTS



Source: SDCS - Research Department

HAMILTON ELEMENTARY SCHOOL

HEALTH PROBLEM		Number of Students July	August	Sept. 1-15
1.	*Accident/First Aid*	*100*	*150*	*40*
2.	Allergy	5	5	0
3.	Bite (mostly insect)	19	30	18
4.	Body Pain	29	21	27
5.	Change Clothes/Repair	12	12	3
6.	Dental	14	19	13
7.	Ear	7	10	9
8.	Eye	31	30	12
9.	*Headache*	*55*	*63*	*21*
10.	Medical procedure-2x daily (one student)	23	25	11
11.	No Breakfast	23	32	7
12.	Nosebleed	6	18	7
13.	Other	10	45	33
14.	Pediculosis (lice)	27	36	6
15.	RX	50	18	4
16.	Skin	28	25	3
17.	Sore Throat	24	22	6
18.	*Stomachache*	*108*	*200*	*68*
19.	Tired	4	5	0
TOTALS		575	766	288

INNOCULATIONS:
July - September 1989 Total = 64

PHYSICALS:
July - September 1989 Total = 20

Source: Nurse Claudia Hildreth Daily Report

Police Statistics for Hamilton School

Reported Crimes	City Wide Average	Census Tract (%)		
		25.01	25.02	26.00
Jan.-Dec.'88				
Violent	8.66% per thousand	18.02	8.30	25.81
Property	82.73% per thousand	85.24	57.27	97.29
Jan.-July 89				
Violent	not available at this time	37.14	11.97	25.05
Property	not available at this time	74.67	59.48	86.29

Census Tract		25.01		25.02		26.00	
Year reported*		88	89	88	89	88	89
Violent Crimes:							
1.	Murder	2	2	2	0	2	2
2.	Rape	2	4	1	1	9	2
3.	Armed Robbery	11	6	5	4	14	16
4.	Strong Arm Robbery	9	5	9	6	41	18
5.	Aggravated Assault	54	46	23	23	133	79
TOTALS		78	63	40	34	199	117
Property Crimes:							
1.	Burglary (residential)	149	94	67	42	280	142
2.	Burglary (non-residential)	5	0	5	9	35	35
3.	Larceny (over $400 value)	34	8	34	29	60	36
4.	Larceny (under $400 value)	98	51	100	41	181	85
5.	Motor Vehicle Thefts	83	36	70	48	194	105
6.	Car break-ins	79	31	98	40	137	62
TOTALS		369	189	276	209	887	403

*1988= January- December
*1989= January -July

Source: Phone conversation with Ginny Carroll (531-2413)

Child Protective Services
Average Referrals per Month
July 1988 - June 1989
Zip Code 92105

Category	Referrals per month	General Description
1. Sexual abuse	48	incest, etc.
2. Physical abuse	99	beatings, etc.
3. Severe neglect	30	medical care neglected
4. Genl. neglect	105	dirty home, truant,etc.
5. Emotional abuse	16	primarily verbal
6. Exploitation	1	pornography
7. Caretaker absent/ Incapacity	38	parent absent
TOTAL	**337**	

This zip code area is second only to 92111- Linda Vista and Clairemont for the highest number of referrals per month.

HAMILTON ELEMENTARY SCHOOL

SAN DIEGO HOUSING COMMISSION
PUBLIC HOUSING AND SECTION 8 HOUSING BY CENSUS TRACT

Public Housing units by Census Tract

Census Tract	25.01	25.02	26.00
Count	18	53	56

Total 127
City total 1,300 (approximately)

Section 8 units by Census Tract and Gender

Census Tract	Male	Female	Total Unit Count
25.01	15	94	108
25.02	12	69	81
26.00	47	182	228
Totals	74	345	417

City total - not available at this time

September 28, 1989

ADDITIONAL INFORMATION THAT HAS BEEN REQUESTED:
(not in any special order)

1. HEALTH
a. Mental Health clients serviced in the Hamilton area
b. Child Health and Disability Prevention Program (CHDP)
c. Drug
d. Alcohol
e. Women, Infants and Children (WIC)
f. Health and Safety residential violations

2. POLICE
a. Domestic violence
b. Traffic stats for Fairmount
c. Gang infiltration into the area
d. Drug traffic
e. Alcohol related arrest

3. PROBATION
a. Adults on probation in the area. Parents?

4. DEPARTMENT OF SOCIAL SERVICES
a. GAIN population in the area
b. AFDC Homeless
c. Foster children/homes
d. Battered women
f. Adult Protective Services
g. Additional information from Child Protective Services

5. HOUSING
a. Sense of mobility? May be able to track tenant by zip code.

6. SAN DIEGO CITY SCHOOLS
a. Background information on the surrounding elementary schools to compare with Hamilton.
b. District figures for At-Risk and Retained Students

7. ALCOHOL, BEVERAGE COMMISSION
a. Number of liquor license in the area

8. Updated information regarding employment and unemployment

9. Etc., Etc., Etc., ...

If you have any suggestions or questions, please contact me at 584-6941 (San Diego Community College District) - Shaula Wright

HAMILTON ELEMENTARY SCHOOL

2807 Fairmount Avenue
San Diego, CA 92105-4635
(619) 262-2483

HOME OF THE HEROES

"HAMILTON IS OUR NAME AND
EDUCATION IS OUR GAME"

January 22, 1990

Dear Parents,

You may be aware that Hamilton Elementary is involved in a very important project this year--one that will help many of our families and children. The project is called "New Beginnings" and is being done in cooperation with our school, the school district, and leaders from the city and county of San Diego . In New Beginnings, we are trying to form close ties with the departments and agencies that help families in need in order to serve our Hamilton families more successfully.

As part of the project, San Diego County Public Health nurses will be calling several Hamilton families to set up short interviews (about 45 minutes) during weekend or evening hours. The nurses will be asking you three basic questions:

1. What are the basic needs for services or assistance that you have (or may have had in the past year)?

2. Have you ever had any problems in getting the services or assistance you needed? If so, what kinds of problems?

3. If you have ever received services or assistance from a department or agency, which ones were helpful to you? How were they helpful?

I realize that these questions are personal in nature, and I want to promise you that your answers will be kept confidential. No one here at the school will know about your answers unless you choose to discuss them yourself. All we are doing is collecting information about needs in the Hamilton area. Your answers will go into the total number of answers to give us a "snapshot" of families in the Hamilton area.

Please let the nurse come out to talk to you. I know that you are all very busy, but also know you as helpful and caring people. Your time will be well-spent, and will greatly assist the children and families of Hamilton. As a thank-you, New Beginnings will send a $10 Von's food certificate to those of you who complete interviews.

If you have any questions about the New Beginnings project or the interviews with the nurses, please call me or Dr. Arm at the school. Thank you for your help.

Sincerely,

Dawn Peery

Mrs. Peery
Principal

NEW BEGINNINGS

February 9, 1990

Dear

I would like to thank you for your time and effort in participating in an interview with the New Beginnings Project. The information we receive from Hamiliton families like yours will help us in developing new ways to assist families in the San Diego area.

Let me assure you once again that all your answers in the interview are confidential. No one will know that you have discussed with us. All answers will be grouped together in the report, and none of the participants will be identified by name.

As an expression of our appreciation to you, we have enclosed a food certificate for Von's. This certificate comes from the New Beginnings project itself, not from Hamilton Elementary school or County Public Health nurses. We hope that you and your family will enjoy something special as thanks for your time spent with New Beginnings.

Again, thank you for your very important help in the project.

Sincerely,

Jeanne Jehl
New Beginnings Leadership Team

DATA MATCH AGREEMENT

COPY

Agreement entered into between:

San Diego City Schools (SDCS)
and
County of San Diego, Department of Social Services (DSS)
and
San Diego Housing Commission
and
County of San Diego, Probation Department

The purpose of this agreement is to establish the requirements for a data match using DSS records, SDCS records and San Diego Housing Commission, and County of San Diego, Probation Deparument records. The intent of this agreement is to meet SDCS, DSS, San Diego Housing Commission and Probation Department needs while maintaining record confidentiality.

A. Requirements for this match are:

1. **San Diego City Schools** - Only the student name, parent name, date of birth, address, ethnicity, gender, Free and Reduced priced lunch eligibility, At-Risk designation, CTBS and La Prueba score, mobility, VEEP, MAGNET, Special Education, LEP and Retained, School of Attendance and School of Residence designation will be used to match records for the following San Diego elementary schools:

a. Hamilton Elementary School,
b. Central Elementary School,
c. Rowan Elementary School,
d. Marshall Elementary School,
e. Oak Park Elementary School,
f. Euclid Elementary School,
g. Carver Elementary School,
h. Edison Elementary School

2. **County of San Diego, Department of Social Services** - Only AFDC, Medi-Cal, Food Stamps, Refugee Assistance, Foster Care, Child Protective Services, AFDC Homeless, GAIN, and Adult Protective Services will be used to match records.

3. **San Diego Housing Commission** - Only Puolic Housing, Section 8 Housing and Applications/Wait List will be used to match records.

4. **County of San Diego, Probation Department** - Only the juvenile records of the students enrolled in number A.1. above, and probation records of parents or guardians of students who are enrolled in the schools referenced in number A.1. above will be used to match records.

B. Purpose of the data match

1. The statistical information generated by this data match will be used for research purposes only to provide information for the New Beginnings Feasibility Study, funded by the Stuart

Foundations. New Beginnings is an interagency collaborative research project designated to investigate the need for integrated services to families and children in the San Diego community.

C. Term of this agreement

The term of this agreement shall be January 1, 1990 through June 30, 1990.

D. General provisions

1. The match will be entirely internal to the computer. There will be no offloading of individual records and/or copying of individual records.

2. The matched tape will be handled as a confidential document with the normal security measures which would be assigned to such a document.

3. No data will be released to anyone other than designated SDCS staff without specific written permission of the Director of the Department of Social Services.

4. The County of San Diego, Department of Social Services, EDP Division will be responsible for conducting the data match with data tapes being provided by the San Diego City Schools and San Diego Housing Commission.

5. At the end of the data match run, the original unmatched tapes will be hand-delivered to a person designated by SDCS, and San Diego Housing Commission or picked up by a designated SDCS and San Diego Housing Commission staff person.

6. The costs associated with or arising from these activities will be absorbed by the respective agencies. Each party to the agreement agrees to conduct these activities within their normal budget for their district, division, or section.

Parties to the Agreement:

Richard W. Jacobsen — Date 2-5-90

RICHARD W. JACOBSEN, JR.
Director
Department of Social Services

Thomas W. Payzant — Date 2/1/90

DR. THOMAS W. PAYZANT
Superintendent
San Diego Unified School District

Evan E. Becker — Date 2/1/90

EVAN E. BECKER
Executive Director
San Diego Housing Commission

Cecil H. Steppe — Date 2-6-90

CECIL H. STEPPE
Chief Probation Officer
Probation Department

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OVERCOMING THE "SINATRA FACTOR"

A wise man said that every collaborative group has its Sinatra factor: the point at which one member of the group says, "Let's do it . . . my way!" The New Beginnings team seemed to exhibit an extremely low Sinatra factor. Why? Maybe we're just laid-back Southern Californians who prefer the Beach Boys to "Old Blue Eyes." More probably, there were characteristics of the group and the process that contributed to the level of collaboration we developed and the commitment to institutional change which grew from it. These conditions come to mind:

1. SUPPORT FROM THE TOP: New Beginnings is first a collaboration of agency heads, known as the Executive Committee. Two key members of the Committee were visionary creators of the project. They provided us with a thousand ideas, asked the key questions, and helped us define the issues. Together they balanced each other and provided the Project Team with a continuing source of intellectual stimulation, vision and support for the project.

   All members of the Executive Committee gave consistent support to that vision and access to their agencies' programs. In releasing high-level staff for substantial and ongoing participation in New Beginnings, leaders from the Executive Committee demonstrated their strong commitment to the project goals. Sharing budget resources and staffing (especially providing for the assignment of the Family Services Advocate) also supported the project's emphasis on reconfiguring agency staff roles in order to maximize resources and more effectively target needy families.

2. PERMISSION TO LEARN AND EXPLORE: Because New Beginnings received the funding for a feasibility study from the Stuart Foundations, the project team had the time and resources to design its own process and dig deeply into institutions and issues. Most collaborative programs do not have such a luxury; they arise from a single project funding source or are driven by the need to resolve a crisis. In either of these situations, the process becomes "Let's put together a committee to do this thing." The New Beginnings Team did not need to meet a timeline to open doors for the project, or to design the project to fit the requirements of a state or federal grant.

3. A STAFF OF GENERALISTS. . .NO ONE PERSON THE EXPERT: Because interagency collaboration is an emerging field, there were no experts on the team. Team members hold degrees in sociology, psychology, political science, education, English, and law, to name a few. . .there was no sense that some had better credentials for the effort than others. The staff members hired by the program (the project coordinator and the Family Services Advocate) worked in roles that were new to them. To a certain extent, the New Beginnings Team invented as we went along, and we knew that we needed each other to do a quality job. One limitation to the depth of the collaborative process was our ethnic and cultural homogeneousness: all members of the project team except one were White.

4. EQUITY OF THE PARTNERS, OR "THERE'S BLAME ENOUGH TO GO AROUND": Many so-called collaboratives develop as an effort to "improve" one of the partners: one organizational member of the collaboration is deemed to be failing or in need of help; rescuers or "fixers" are called in to improve the performance and outcomes of that organization. In New Beginnings, we acknowledged that the current system of social, health, educational and other services is failing children and families. We also acknowledged that all of our organizations play a part in the failure of the system. The basis for our efforts was shared ownership of the problem and the solution. The team was able to operate with a minimum of preconceived notions or defensiveness, and was able to involve other members from each agency as needed in collegial discussions.

5. ACCESS TO AN OUTSIDE CONSULTANT: The role of Sid Gardner as outside consultant to our group cannot be underestimated. Sid brought his expertise in interagency collaboration and a respectful approach to our process. He never presumed the role of leader; instead, he injected information, opinion, humor, and suggestions. We might have completed the project without his help, but we might have passed by many of the avenues that Sid, as "designated curmudgeon," suggested we explore. The long-term collaboration of the Project Team would have been difficult to sustain without his assistance.

APPENDIX E

PARALLEL REFORMS

New Beginnings is strong because it is built upon a solid base of research and parallel reform. New Beginnings is tied to the restructuring efforts of San Diego City Schools. It reflects congruent thinking with current legislative initiatives and with state and national efforts in the area of children's and family services.

Other Collaborative Programs in California

San Diego is not the only California community faced with escalating need and dwindling resources. Many communities are struggling with similar problems and have developed projects best-suited to their own needs. Programs emphasizing interagency collaboration have been initiated in several other cities, using different target groups and partnership agencies. Examples of California programs include:

- **San Francisco** has begun a cooperative venture between Jewish Family and Children's Services and the San Francisco Unified School District. The project provides direct services to children at six sites and indirect intervention through consultation and training to administrators and teachers.

- **Fresno's** K-Six program of coordinated services targets at risk youths and their families. The project is directed by the Fresno Interagency Committee.

- **Ventura** focuses on high risk youth by developing an interagency network of mental health, social service, corrections, and special education.

- **San Bernadino** monitors and evaluates programs dealing with children through its Children's Policy Council. The council includes representatives from juvenile justice, schools, public health, community services, district attorney, sheriff, library, Head Start, and probation.

Connection with School District Reform

San Diego City Schools is a partnership district with the Panasonic Foundation (formerly Matsushita) in a program to restructure its schools. Restructuring is an effort to substantially improve the academic performance of all students, particularly those students who are below grade level or at risk of dropping out of school. In restructuring, it is necessary to:

- assess student needs for learning
- set outcome goals for students
- remove obstacles to change
- institute site-based management

- ensure that children's needs are met

School restructuring is not simply shifting power from administrators to teachers; it is focusing all efforts directly on improving student learning. As an adjunct to restructuring, all available resources are focused on the needs of children and their families.

Hamilton Elementary has been involved in the restructuring process for two years. The school's restructuring plans and the New Beginnings feasibility study have been undertaken on parallel tracks. In July 1990, Hamilton will re-open its doors as an Academic Enrichment Academy, with the following innovations:

- four houses emphasizing special themes in education and providing children with a nurturing, more personalized environment
- a governance team reflecting the principles of site-based management
- a developmentally appropriate curriculum for children in grades pre-K through five.
- strong parent involvement and parent education components
- a refocusing of health and social service resources to accommodate the New Beginnings model

A critical issue which remains to be addressed is the redefinition of the teacher's role in the classroom, in the management of the school, and in relation to the Center.

Relevant Legislation

A great deal of legislation in California is currently being focused on the relationship between children's needs and services for children. Legislation passed and signed in 1989 (SB 997) provides new incentives for county-level collaboration for children's services. The state must still work out what form those incentives may take. An example of pending interagency legislation is AB 2973, which would establish an early intervention and prevention program at six elementary schools in low socioeconomic areas. One bill developed locally (SB 2645) would establish a Family Resource Demonstration Project to provide services and parent education to AFDC recipients who are either pregnant or have at least one child under three years of age. A total of 14 bills related to integrated children's services are currently pending. The outcomes of all pending bills are dependent on the 1990-91 budget negotiations, which are still taking place.

Local Attempts in Collaboration

In San Diego, individual agreements among agencies have been successful forerunners to institutional collaboration. Some of these initial efforts include:

- A waiver of confidentiality agreement between San Diego City Schools and the County Department of Social Services assists pregnant teens in obtaining GAIN benefits, including nutrition, prenatal care, and child care so that they can remain in school.

- The San Diego Community College District provides parenting classes for the court system.

- The San Diego Police Department refers first-time juvenile alcohol offenders to the City Schools' Social concerns counseling program. As an alternative to the judicial system, students may enroll in counseling groups in their schools.

Ties Established with State and National Efforts

The San Diego project comes at a time when state and national policies are shifting toward greater formal support of closer collaboration among schools and other children's services agencies. At the state level, the December 1989 "Education Summit" in Sacramento devoted one entire working group's sessions to this issue, and recommended closer education-social services ties in its final report. The State Department of Education is issuing new guidelines for use of its drug-free schools funding, with stronger encouragement of school-based collaborations.

A statewide five-year plan for child welfare services also addresses the need for closer ties among education and child welfare agencies, under the sponsorship of the Department of Social Services and the Child Welfare League of America. Both candidates for governor of the State of California have called for closer ties between schools and other children's services agencies.

Nationally, the Joining Forces project based at the American Public Welfare Association has documented numerous efforts to provide school-based services, including statewide programs in New Jersey, Maryland, and Connecticut.